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Presented by
Dr. W. C. Wood & C. M. Smith



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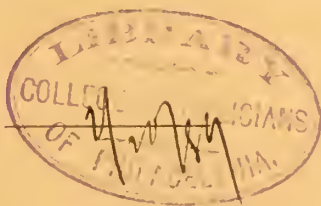
THE
AMERICAN
HOMŒOPATHIST

AN EXPONENT OF MEDICAL PROGRESS.

VOLUME XIV.

1888.

EDITOR:
FRANK KRAFT, M.D.



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THE
AMERICAN HOMŒOPATHIST.

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No. 1.

It is one of the prerogatives of the profession of journalism, no less than of royalty, that the editor never dies. One individual after the other may assume the sceptre of the pen and wield it with an ability far surpassing that of all his predecessors ; or his ministration or administration may be so far inferior that his name shall be forgotten or held in execration ; and so, one by one, in the fullness of time, they are relieved of their office by death, by the accident of business, or by abdication and resignation ; yet the editor and the journal, or the dynasty, like John Brown's soul, go bravely marching on, fulfilling the mission which ushered them into existence, heeding neither the individual preferences of this man, nor of that body of men, indifferent alike to personal strife and bickering, but calmly and impartially striving "for the greatest good for the greatest number." The substitution of one individual for another in the editorial chair is rarely, if ever, based on personal grounds ; and this holds good in the present instance.

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It is equally trite, but by no means *malapropos* to say, that occasionally the policy of a publication changes absolutely from that inaugurated by its founders. For this no tear of regret need be wasted, since it but proves the tendency to progress inherent in every age and every clime, however radical and advanced such progress may seem to the immediate actors. There are to-day two metropolitan dailies in St. Louis ; the one called *Democrat* and the other *Republican*, the former Republican and the latter Democratic in politics. And who that has been a reader of homœopathic literature for any great length of time, has failed to note the gradual change in the *N. E. Medical Gazette*, the *N. A. Journal of Homœopathy*, the *Hahnemannian*, and others ; so that the comparison of a current number with the initial number would fail to discover a resemblance ? Is this necessarily a deterioration ? By no means. A similar comparison between the literature of any art or science would produce a like result. The present status of any journal is the present status of the guild among which it circulates. In other words : A Journal is what its Contributors make. The stream cannot rise higher than its source. So that the cry so often heard among the disaffected or delinquent that the journal fails to come up to its pristine standard is either meaningless or malicious. The AMERICAN HOMŒOPATHIST has doubtlessly been charged with this "crime," but a careful perusal will find that it was always alert for the good of the cause, even if, at times, it failed to respond to the "potency" whip.

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And by the bye, that same "potency" question is responsible for much of the dissension which our journals affect—but which in reality

does not exist. Our friends, the enemy, with a persistency worthy of a better cause, insist that there is nothing to Homœopathy but its Small Dose ; and in the teeth of this untruth, there must needs arise a fraction in our own ranks who proclaim themselves the high potency adherents with the minimum dose ; thus essentially strengthening the hands of our opponents and compelling us either to capitulate or seemingly engage in warfare with our own household. What an absurd dilemma to be placed in ! Every impartial practitioner of any experience knows that there is no division in the Homœopathic School ; and were it not for a few over-zealous or fanatical writers (now rapidly disappearing from our journals), who must make a noise else they would be remanded to oblivion—were it not for these, the elegant terms of “mongrel” and “Hahnemanniac” would long since have been laid away with “copperhead,” “butternut,” “secesh” and other rhetorical implements of a past generation. The AMERICAN HOMŒOPATHIST declares, in the language of Dr. H. C. Allen, at Cleveland last year, that “Potency has nothing to do with it ; it is the *selection* of the *remedy* which tells the tale.” Dr. Allen is a well-known upholder of the higher numbers, a member and ex-president of the I. H. A., and a sincere student of our Materia Medica. What need, therefore, to dip our pens in blood or light the fagot of intolerance in defense of a whim, a chimera, a something that does not and never did exist ? Homœopathy has better work to do.

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But *revenons a nos moutons*. That there is room for material improvement in our journals is patent enough. But is that all of it ? Let us see. In the last number of the *Clinical Review* of Cleveland, we find the plaint of non-support ; also a like charge in a recent number of the *Southern Journal of Homœopathy* ; and not long ago the *Allgemeine Hom. Zeitung* uttered its “Hilferuf” (cry for help). Why ? The *Review* has been a bright and newsy periodical, edited by an enthusiastic and able gentleman ; the *Southern Journal* has been the phenomenon of the South-west ; and the age and reputation of the *Allge. Zeitung* negative the possibility of literary deterioration. The fault is *not* all with the journals. Where is it ?

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These instances have been cited not for the financial struggles which they evidence, but to call attention to one or two rather patent misconceptions. It is not unusual, in conversing on this subject, to be met with the remark that it would be best to combine the literature of the profession, make one good journal, and let the others go. This argument, if valid at all, would be equally valid when applied to other things—such as coal oil, anthracite, gas companies, telegraph, railroad and other of our present monopolies—yea, even to the doctors themselves. There are preferences as to journals as there are in matters of commerce. An honest competition improves the standard. Again, the cry for manuscript is heard in the land. That the times are bad brooks no denial. But let us not lose heart ; we are not alone in this strait. We must still go on in our appointed ways, relieving the distressed, healing the sick, or smoothing the pillow of mortality to the fast departing soul ; and we cannot do this intelligently for any great length of

time if we fail to report our cases and read the journals. Men and brethren, it is needful to remember that as man cannot live by bread alone, so neither can a journal by subscriptions alone. Send both. An examination will disclose that, with rare exceptions, the editors of your journals are giving time, talent and, in many instances, private funds, for the upbuilding of the interests of the school, and for reward receive naught save a little scanty praise.

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There has crept into our general literature a singular abuse—that of too many technicalities. We remember seeing a few months ago a paper from an oculist which appeared and read more like a problem in Euclid than a plain statement for “plain” doctors. It would be well to remember that a medical journal devoted presumably to the practice of medicine as a “totality” and not in “sections” is not the place for parading technicalities appertaining to such “sections.” The general practitioner, it is true, is presumed to know all about the human economy; but it is equally true that every general practitioner does not profess to be an expert, and is, therefore, not familiar with sesquipedalian nomenclature and algebraic formulæ foisted on him by the few who are specialists. We have journals devoted to the several specialities and in their pages no question can arise touching the propriety of interlarding their papers with technicalities; but for general reading, among what may be termed the laity of the profession, this talking “fine” is certainly out of place. The tenets of Homœopathy teach simplicity.

As an instance in point we take up *The Homœopathic Journal of Obstetrics*, which is filled from cover to cover with technicalities; but here they are not inappropriate, that journal being designed for the specialism employing this nomenclature.

The remonstrance of Dr. J. C. Wood with Bro. Porter for publishing an incorrect stenographic report of the doctor's talk before the Michigan State Society, very opportunely appears at this juncture to emphasize our remarks. Somebody doubtlessly blundered in employing a cheap stenographer, who was perhaps the personal friend of some member; but the fault really lies with Dr. Wood. Had he kept within the bounds of the average intelligence of his audience—which is the secret of the successful orator—the secretary would readily have detected the inaccuracies as they appeared in the transcript of the stenographer. But the doctor delivered an extemporized address in language too “sectional” to be “took down” by the reporter, and too learned for the general practitioner, and we now behold this magnificent literary if not gynæcological mosaic:

“You get them with calculi and antiflexio-uteri and again in the uterine soufflé when the fundus may fall back upon the finger in such a way as to indicate pregnancy.”

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As the Editor has not died—nay, cannot die—so neither has the policy of the AMERICAN HOMŒOPATHIST changed. If it were to ape the fashion affected by many journals of to-day, and place at its head a motto (in the majority of instances forgotten before the ink has dried), it would be that it will “Hew to the line, let the chips fall where they may.” Our columns, like the Temple of Janus, are always open for

earnest, honest convictions from whatever source, when couched in the language of gentleness and freed from personalities, or of subjects likely to provoke personal rejoinders. We solicit good articles for publication. We are neither high nor low; neither "mongrel" nor "Hahne-maniac"; we are just simply HOMŒOPATHIC.

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With the present issue of the AMERICAN HOMŒOPATHIST our connection as editor ends. A little more than a year ago, with very great reluctance, we assumed the editorial charge—with very great reluctance, because we doubted that amid the pressure of other duties we could give to the work the necessary time or attention to make the journal of value to the reader. This doubt the experience of the past year has made a certainty, and we, therefore with pleasure resign the editorial pen to one who possesses both the power and ability to place the AMERICAN HOMŒOPATHIST where it properly belongs, in the front of the journals of the Homœopathic school. To the editors of the journals who gave us so cordial a welcome a year ago we return our heartfelt thanks; to those who have aided us by their contributions and kindly words of cheer we wish to express the deep sense of the obligation under which they have placed us, and ask for the incoming editor a continuance of the favor shown to us.

B. F. U.

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We desire to call the attention of our readers to the article, appearing in another portion of the journal, by Dr. Thayer, upon Supporting Treatment in Typhoid Fever, and ask for it a careful perusal. The doctor has made a careful and painstaking study of the beef peptonoids as a food. The results as recorded by him are somewhat at variance with the ideas usually entertained, and the variations of pulse and temperature not readily explainable. We know the doctor to be extremely careful and conscientious in any work that he undertakes, and that the record of his proving is entirely accurate. In a future number he will give the conclusions he has drawn from his experiment.

B. F. U.

DR. GUS: MY PRECEPTOR.

I.

“DON'T mind telling you in confidence,” said Dr. De Gustibus N. Disputandum to his pupil, as he gave the vial of pellets which he had just medicated, a violent shock against his right great trochanter—in the neighborhood of the American Match-Striking Surface—“that all this twaddle about taking down in writing what the patient has to say, and in his presence, is absolute rot. There isn't one patient in a thousand would suffer it. The theory,” continued Dr. Gus a little absently, as he laboriously placed some cabalistic characters on the cork of the vial, “is all right; but theory won't fill your potato bin nor replenish your meal chest. It's *Practice*, PRACTICE, PRACTICE, as that old salt, Demosthenes, used to spout, when he was doing the mouth full-of-pebbles act. For instance; you are called to your patient; you take your place near the bed-side; you take out your gilt-edged, two-by-six

morocco case-book and gold tipped pencil. 'Name, please. Age, sex, and previous condition of servitude. Age, sex, and family history of parents; dead or alive? Brothers and sisters, ditto. Aunts, uncles, and cousins, likewise. Twins or triplets? Any pea-sor-ic taint?' 'Sir?' 'Any itch?' 'No, sir!' 'Any sycosis or'—there, now," ejaculated the Doctor, as he threw down his clogged-up stylograph with a "dull thud," "I've forgotten what potency I put into this bottle—what do you suppose, Tom," handing the vial to a little girl in waiting—"don't let it fall, sissy; thank you; fifteen cents is correct; good evening—I'm not in the pharماسootical line, Tom, but every little helps, as the old lady said while viewing the landscape o'er on the shores of the Baltic Sea—what do you suppose that patient will think of you just about that time? If you're a short-hand rep., like my good friend Dr. Guernsey of Frankford, you may get it all down and be able, when surrounded by the deepening quiet of your study, to decipher about one-third of what you so faithfully jotted down; or about just as much as your long-hand friend succeeded in taking first-hand. But it won't do in this day and age. We'll run over your cards a bit to-night, and then take up the study of Ipecac. It won't do; *you* may live to see the day when the doctor may take his library with him to the bed-side; I won't. But in the case I stated, if you are a good friend of the family they may not give you the G. B. then and there, but, a last year's cookey to a hardware dollar, next morning you will find a repetition of Belshazzar's Feast—in so far as finding a handwriting on your slate which, being interpreted, will read: 'Don't come again until sent for.'"

"No doubt of it, whatever, Tom," remarked Dr. Gus as he moistened his broad, chubby finger, picked up a few stray pellets on his desk, and transferred them to his tongue, "no doubt of it at all; they *do* teach it from the desk and seek to inculcate—"After parturition complete, patient suddenly begins breathing heavily, and there is pain about the navel;" yes, that's ipecac, and very characteristic, too; but don't get frightened as I did once. An Irish family on Huron Street sent for me in confinement. Everything regular; uterus did her business in the most approved fashion. At the conclusion of a four hours' *say-ons* I retired to the lavatory—(kitchen sink, hard water, and Babbit soap)—and laved the day-bree from my hands. 'Oh, doctor, dear doctor, plaze to come quick, shure an' Missus O'Hooligun is dyin', so she is!' Collapse, from all appearances, except the red face, injected eyes, and violent throbbing; eyes rolling aimlessly, breathing deeply and moaning. Still, the uterus was firm, and no hemorrhage. A sudden cough notified me of the trouble. It was whiskey! During my momentary absence, an Irish neighbour had smuggled a hot toddy into my patient for a 'bracer,' and fearful of my displeasure it was taken hurriedly. Yes, they teach it and din it into your ears on all occasions; they quote you the Organon; but these very teachers dare not carry out the precept. 'Jaw hanging down: Opium.' However, don't jump at conclusions, Tom, as a former student of mine did once upon a time—he's now teaching Physiology and is much wiser. He was rung up one night to see a young girl. Everybody rushing around falling over each other in direst confusion; sneezing, talking, and crying. Only child; afraid it was an epileptic attack, found mouth open, jaw hanging down, face

pallid, covered with sweat, moaning and tossing about on the bed. Student diagnosed convulsions; interdicted the 'camp-fire' which they were generously pouring on the poor girl, and gave opium 200th. Next afternoon he met the young lady, and to his shay-green learned that another doctor had been called in later and set a forward dislocation of the jaw. I know whereof I speak when I caution you to go slow on the refractory-witness-cross-examination system. Once in a while some old chronic may meander into your office," said Dr. Gus, as he bit off and spat out the end of a cigar—a new box of which the same Tom had just presented to his preceptor—"and these teachers may go through the motions of a catechismical exploration; but the overwhelming probabilities are that Mr. teacher will give the chronic a handkercher full of Sac-lac powders and ask him to report progress in eight days. In the meantime Mr. teacher will read up the case and be loaded when the chronic next appears. There's tricks—pretty good cigar, Tom; don't smoke? Save you many a dollar. 'Crosses her limbs.' Confound the 'limbs;' what's the matter with calling a leg a leg? 'Crosses her limbs to prevent the womb from coming out: Sepia.'"

"Never heard of a step-ladder being classed among the obstetrical paraphernalia, did you, Tom? I don't suppose you ever did, but it only proves what I want to impress on your memory: Never be surprised at anything you hear or see in your daily routine! If you want to get practice and hold it," continued Dr. Gus, his mind evidently wandering from the topic in hand to his great hobby of examination, as he knocked the ashes off the end of his cigar into the cuspadore, "if you want to be a successful practitioner, study your *Materia Medica* day and night *in your office*; empty your library into your head—to make a little change in the expression used by my late friend, the lamented Ben. Franklin. Do as Father Hering did—these matches seem to draw a good deal of moisture—Hering used to get up an hour before daylight—or rather he would study his *Materia Medica* at least one hour before daylight. Be a ready man. If you're not absolutely sure of your remedy, use an allopathic dose of tact, alternated with a few powders of Sac-lac. There are few cases, Tom—I can't keep this cigar a-going—there are but very few cases in which the remedy is not plain to the well-stored *Materia Medica* brain; and if it is not it's a safe case to make an extra fee on for being so contrary. Yes, that's so, Tom. Thanks. I do get away from my text once in a while. About that step-ladder. Memory being an association of ideas, I believe it really a good plan to intersperse the dryness of our study with little bits of reminiscences, somewhat like Prof. J. A. Campbell, of St. Louis, who never fails of interesting, and holding his classes from the opening to the closing word of his lectures. Well, Mrs. Rosenhimmel, on Summit Avenue—of course, you understand, these things are told you in supreme professional confidence—she, like the rest of the women of that country, from Wurtemberg, I think, although pretty far along in her term, did a good day's washing, disregarding the nearness of her confinement, or indifferent from previous immunity. Late in the afternoon—better turn that lamp down a little, the wick's smoking—late in the afternoon she retired to the privacy of the rear yard, as had been

her wont. In an instant, so I was told, an ear-piercing shriek was heard to issue from the latticed windows and door of the closet. Other tenants, who were happily near by, rushed to the rescue. When I got there, very shortly after—I believe I was driving past—what do you suppose I found? Mrs. Rosen lying on a lounge in a dead faint, abdomen collapsed, profuse hemorrhage—cigar a little green, Tom; ought to put a straw through it, as they do with their Wheeling stogies in Belgium; I'll tell you about that sometime—and the baby and placenta lying below in the vault. Purely accidental, I was sure. Too much straining. I sent some of the Rolling Mills hands to Sugarsander's, the grocer on the corner, for his step-ladder. With the other men we soon had the floor and wood-work removed. A lighted fagot was let down and I saw where the little bundle lay swimming, uttering a lusty cry ever and anon. As luck would have it the vault was newly emptied and a sewer connection established. The step-ladder came. How I got down there and gathered the unfortunate young one and attachments into a basket without getting myself all covered over with something more tangible and odoriferous than glory, I don't know. I was excited. I'll have to throw this sheroot away. I'm not looking a gift horse in the mouth, Tom, they'll burn better as they get drier, for its a good brand. Yes, this is better; not rolled so tight. Did I ever tell you how the Mexicans smoke?" Evidently Dr. Gus had lost his thread again. "About the baby; oh, yes, she's alive to-day—it was a girl—as soon as I got back to vi-cey-ver-say I tied the cord, separated it, attended to the mother, and all went well. You know the girl. She's teaching kindergarten over on Oakland Street."

"What potencies do I use? That's a natural enough question for a student or a new hand. But mark my word, Tom, *it is always* an indication of mental weakness in the questioner. F'rinstance," said Dr. Gus, rising and going to his writing desk, where he picked up a handful of penholders, "here are six penholders and one quill. This holder has a Falcon pen; this one" scraping away the indurated ink, and examining it through his pocket magnifier, "this one is a Spencerian. Here is an Estabrook double action. This is a stub. And here is my gold pen. Once in a great while the pangs of authorship, like Poe's 'Raven,' sit heavily over my heart's chamber door. I cannot get rest; I must write. I go to my desk, I pick up the first pen at hand and dash it along; it may be the Spencerian, or the stub, or my old quill; I may find my hand cramping under the sharp pointed pen; I lay it on the rack and pick up my stub; and so, before I have delivered myself of my mental egg, I have used each of these pens—nay, may even have descended to W. Cullen Bryant's cedar pencil for a spell. As old Bunsby would say, 'the moral of this here sayin' is in the application of it,' or words to that effect. Its no use. I can't think, and talk, and smoke—hate to throw it away, too, for you know you can't smoke a cigar that has once gone out on you—that's a fact all the same. The mental egg is the patient; the ink or the lead is the remedy; and the pens are the potencies. Do you catch on? It matters not to the publisher what color of ink I used in my manuscript; neither is he at all interested in the kind of pen. The sick man cares naught what remedy I employ, nor in what potency; all he wants is to *get well*. 'The

physician's first duty is to heal the sick.' The honest, faithful, successful practitioner never or hardly ever parades his potencies."

"However," said Dr. Gus, as he deposited his rhetorical implements, and returned to his revolving chair, which tipped back so far as to endanger his equilibrium—"however, Tom, I'm not giving you a curtain lecture between the acts. It's well to get a few practical hints like these without having to go through the usual kicking-in process. Now look at this desk. Here are four drawers filled with potencies. This drawer," taking out of its paste-board wall an ounce vial, first rubbing the dust off the cork on the anterior aspect of his pantaloons, and carefully scrutinizing the hieroglyphics, "this contains Boericke and Tafel's 1000's. I use them occasionally, and always find them trustworthy. In this drawer—look out, there, Tom; catch him! Tramp on him; they're pretty bad this long, dry summer, and very near as plenty as the flies—probably a natural cause and effect," as Tom stepped on a large spider which had been rusticated in this drawer, enjoying the enchanting Arcadia—on the principle probably of the fine tooth comb, found in the family Bible. "This contains tinctures, firsts, seconds, thirds, and so on to the thirtys. I don't pretend to say that I use them a great deal, but when I do they do a good and perfect work. F'rinstance, Dr. H. C. Allen, that wheel-horse of *Materia Medica Pura*, was attending a case of long standing, and badly mixed up, in an aged lady. *Podophyllum* was unmistakably indicated. He gave it high—Skinner's graft, I think—but it failed of effect—I believe it's raining, Tom. Heaven help the poor country doctor if he's called out!—The case continued *Podo*. Next Dunham's 200th was given; but only with a little relief. A careful re-study of the case still pointed to *podo*. Then the doctor, who is not a monomaniac on high potencies, gave *podo* in the 3d, and had the pleasure of seeing his patient drop to sleep and rest until next day—the first sleep for days. And I have heard Dr. Biegler, of Rochester, and Dr. W. P. Wesselhoeft, of Boston (speaking of his associate, Dr. Bell), say a good word for *silicea 6*. Both these gentlemen are members of the I. H. A.; so don't get the idea, Tom, because you once in a while see in the journals a rabid, hydrophobic fusillade from some member of that order, filled with foul epithets directed against the American Institute, or against some individual member of it—don't, I say, jump to the conclusion that the I. H. A. endorses that kind of talk, or discountenances the lower numbers in potency. No one at all disinterested, or posted in the literature of his profession," grunted Dr. Gus, as his feet slipped from the edge of the desk to the floor, jarring the hanging-lamp, "no honest doctor will deny that the I. H. A. has enrolled the names of some of the brightest and most prominent practitioners and authors in the school."

"Through the kindness of some friends I was presented with a pretty full set of Skinner, Fincke, and Swan, also some of Jenichen's. By-the-by," continued the doctor, as he rose from bending over the bottom drawer, his face almost purple, "talking about Swan. I suppose you never heard about his resignation from the I. H. A., did you? I

thought not. Very little has been said about that thus far, and the Proceedings haven't yet been published. Well, it seems the enthusiastic old gentleman carried his progress a little too far, or possibly some private axe had been grinding for his decapitation, no one really knows. Tennyrate, a large sheet of allegations was printed, charging him with divers and sundry hay-ne-us crimes and misdemeanors, among others with being an Isopath ; I don't know, Tom, whether you'll find that in Webster, but it must mean something real bad, like an isotherm, or isosceles, or isinglass. I don't pretend to be a Latinist. I was never a professor ; never tacked an A.M. or an LL.D. to my name ; never wore a long-sleeved hat and barkeeper's necktie except in the first year of my practice, for which I hope to be forgiven ; so I can't talk learnedly about isopathy. However, the I. H. A., or a certain proportion of them, believed this Swan to be guilty, but in consideration of his past distinguished services they permitted him to resign ! Perhaps that wasn't conniving at a fraud ; perhaps not. This happened during the early part of the session, before the Experience Meeting—the Bureau of Clinical Medicine—was called. Then occurred," said the doctor, locking and unlocking a drawer, "then occurred what might be termed a Masterly Inconsistency. As the cures were announced, with them came the frequent mention of Swan as the author of the potencies effecting the cure. In other words," said Dr. Gus, as he turned his fat thumb in the direction of the coal cellar underneath the office, "the old party is not so black as he is sometimes cracked up to be."

"Do I use any of Swan's grafts ? Indeed I do. Look at this Sulphur 20 quintillion, and this Bryonia 120M. There aint no flies on these as you notice. But talking of Swan and his alleged pathy—we'll get back to the potency question in a minute—I had a case of asthma. I took Dr. Kent's suggestion and gave natrum sulph., but no good. I 'tried' other remedies, the nearest being arsenicum iod. Disgusted, and discouraged, I appealed to a prominent Materia Medica expert, at that time a member of the I. H. A. 'Have you tried Asthmatos ?' I had not ; and what was more knew nothing about it. Informed then and there that Swan had taken the product—the expectoration, probably, of the asthma—and potentized it, calling it Asthmatos. It would cure asthma. 'Any port in a storm,' I said. So he gave me this graft," handing Tom a three-dram bottle half filled with alcohol and a sediment of pellets, the cork marked "Asthmatos, M. M. Swan." "This drawer—oh, yes !" hastily rejoined Dr. Gus as Tom interrupted, "it helped almost instantly ; but I lost sight of him after that. This drawer is my armamentarium. These are Dunham's 200's, which I received directly from his hands. Do I like them ? Why, Tom," said the Doctor, his eye sparkling and his hearty, good-natured face all aglow, as he rose, "to my thinking, Carroll Dunham was the grandest man that ever expounded the truths of Homœopathy. Dunham couldn't have promulgated an evil doctrine. Look at that steel engraving of him—which Kellogg of the Institute sent me recently, and which is framed in gold—there sits nobility of thought, truth, and purity. Excuse me, Tom," said Dr. Gus, as he sat down a little ashamed of his enthusiasm, "but when I think of Dunham, now that he has gone through the valley of the shadow, I am doubly proud that I knew him ; and

when I touch these vials, which he medicated for me, I seem to feel his presence and influence. But we mustn't drift into spiritism. Now, the point I am trying to make—if I can hold on to the point long enough without fastening it with a pin—is this, that the practitioner who deals in extremes in potencies, like the man or woman in any other profession or vocation on God's green foot-stool dealing in extremes—is a fanatic; one who will stifle a truth in order to uphold his fanaticism. Beware of him! And, above all, Tom, give no ear to the medical fanatic or demagogue who asks you to believe that the practitioner who doesn't use *your* pet potency is either a quack or a fool."

"'Loquacious, talks all the time, sings, makes verses: Stramonium,'" read the Doctor as he reversed the card and laid it on the top of the heap on his desk; "this happens pretty often in certain kinds of fever and they are usually very grave. The Indians of the West chew a root—the Lachnantes, I think—when they expect to meet the white man, so they can be full of 'talk.' It seems to give them nerve. I was saying a little while since," said Dr. Gus as he rummaged about his pocket seemingly for what he had said before, "I was saying that you must learn never to be surprised in the sick room. Take everything for granted; listen attentively to all that is told you, but never betray the first sign of emotion, or, rather, fear. Keep perfectly cool and attend strictly to business. Now, I don't mean, Tom, that it is necessary for you to be a three-ply, hard-shell pachyderm, or that you should lock up your human sympathies in your buggy case. Let the suffering move you to do that which will relieve it as God's messenger; but never let it cause you to swerve a hair's breadth from your known duty. I remember seeing Dr. S. B. Parsons of St. Louis operating, at the Good Samaritan Hospital in the presence of the class and a number of prominent physicians, or resecting—if I remember right—the left hip-joint; I may be wrong, for I don't pretend to be a surgeon. Never for an instant did the steady nerve of the Professor waver as he rapidly exposed the joint of the nine-year old boy, and carried the operation to its close. But when this was all done, and the little fellow opened his large, dreamy eyes, Dr. Parsons reached down to him, tears in his eyes, and kissed the lips of the child!" Dr. Gus blew a Rhoderic Dhu blast on his nasal prefix, and for a few moments seemed lost in the event just recorded.

"The next card, Tom—good gracious!" glancing at the Ormolu time-piece, "it's after nine. We must hurry along a little. You really mustn't interrupt me so much, for when the tail-gate is dropped out of memory's cart" —

"Hello! hello, yourself! yes, this is fourteen-forty-six B. What? Yes. This is Doctor De Gustibus. Slipped his what? You don't say! Hurt much? Come right away. Good bye!"

"That closes our *say-ans* for to-night, Tom. Col. Blowhard slipped and hurt his coccyx. Come down a little earlier to-morrow night. Just pull the door to; it's a spring-lock. So long."

THE THERAPEUTICS OF MENSTRUAL DISORDERS.

BY



THERE is at the present time no more inviting or necessary field of study in therapeutics than that which relates to the application of remedies for the palliation or cure of the various disorders of menstruation. The field of enquiry, both as to the pathology and symptomatology of these disorders, and the pathogeny of corresponding drugs, is so extensive that there can be little wonder that the student often becomes discouraged at the outset, and rests content with very indefinite ideas as to the true homœopathic treatment of the derangements of menstruation. Often, too, the practitioner becomes discouraged as he repeatedly sees the apparently indicated remedy fail to accomplish its purpose, and permits himself to attempt a repair of his failures by a resort to the emmenagogues, palliatives, and empirical medicines of the old-school practice. In most instances, at least, such a failure in treatment is not to be attributed to the inefficiency of the remedy prescribed so much as to the inefficiency of the prescriber himself. Not that he has failed, as he often does, in selecting the indicated remedy, but rather because he fails to understand the pathology of his case, and endeavors to remove with medicine symptoms which arise solely from causes which nothing short of surgical or mechanical interference can hope to remedy.† Doubtless there are many pathological states giving rise to disordered menstruation which, from an allopathic standpoint, are only amenable to local treatment of some character, but which can be cured by the use of the proper homœopathic remedy without local interference. Yet it is none the less absurd for the homœopathist to attempt to cure with medicines, for example, a case of dysmenorrhœa resulting from atresia or stenosis or flexion, or a menorrhagia arising from fungus growth on the endometrium. Fortunately, however, mechanical causes are not always present, and the carefully selected remedy is all that is required to effect, if not a radical cure, a more or less permanent relief of the conditions present. The physician, then, who under such circumstances longs for the “flesh pots of Egypt” only does so because he fails to appreciate the fact that “manna” in abundance lies all about him if he will only collect and use it. Indeed, there is not much in the allopathic therapeutics of these affections to win the confidence of a thoughtful man. Dr. Thorburn in his recent work on diseases of women, in his article on menorrhagia, says that all internal remedies are used “more or less

empirically"—in other words that they know of no rational or scientific therapeutics in menorrhagia. Hart and Barbour in treating the same disease say, "Where the practitioner is consulted as to menorrhagia in unmarried ladies or young girls, he should first try the ergotin and oxide of silver pill." If this fails he should recommend an examination, and if that "be declined the responsibility rests with the patient." How limited and unscientific is such a system of therapeutics, and why should one wish to try its uncertainties who has infinitely better resources at his command?

It is not my purpose, nor will the limits of this paper allow me, to mention the many remedies that may be called for in the treatment of menstrual difficulties, but I will confine myself to a few of the newer or less known drugs which evidently deserve more consideration than they have heretofore received. Who does not already know of the value of *pulsatilla* or *calcareia* or sulphur or *sepea* or *ferrum* in amenorrhœa; or of *bryonia* or *pulsatilla* or *hamamelis* in vicarious menstruation; or of *belladonna*, *ipêcac*, *sabina*, etc., in menorrhagia? But the new materia medica has furnished an especially valuable list of remedies in these disturbances, whose virtues are only just beginning to be appreciated. They seem to fill a gap in therapeutics, for it must be acknowledged that before we had *cimicifuga*, *gelsemium*, *viburnum*, *caulophyllum*, and *xanthoxylum* it was sometimes difficult to find the indicated or, at least, the curative remedy in dysmenorrhœa.

Erigeron, *trillium*, and *ustilago* have proven their value in menorrhagia, while we could scarcely do without *cimicifuga* in amenorrhœa, where it stands at the head of all remedies, not excepting *pulsatilla*. I will now briefly consider a few of the remedies to which I have referred.

Cimicifuga.—As I have already indicated, this is, all things considered, our most valuable remedy in amenorrhœa, and but little less can be said of its efficiency in neuralgic and sometimes in congestive dysmenorrhœa. I am surprised, on turning to Dr. Winterburn's valuable article on these disorders in Arndt's "System of Medicine," to find that he barely mentions *cimicifuga*, and in Dr. Farrington's "Clinical Materia Medica," while mention is made of its value for certain symptoms during pregnancy and labor, not a word is said of its use in the conditions now under consideration, wherein I consider lies its chief sphere of usefulness.

The symptoms of *cimicifuga* are numerous and distinctive. It covers a different class of cases entirely from *pulsatilla*. My experience is that the latter remedy must be very thoroughly indicated, even to the characteristic temperament, before much can be expected from it, whereas this is not so much the case with *cimicifuga*. If its symptoms are well marked its action is correspondingly marked and its curative

powers effective and complete, but even when this is not the case, where its symptoms are not well marked, it may do good service. Aside from the individual symptoms of the drug, it is especially useful in amenorrhœa or dysmenorrhœa occurring in nervous, hysterical subjects. It is most useful in neuralgic dysmenorrhœa, especially that form classified by Thomas as "ovarian dysmenorrhœa." Cimicifuga has a remarkable affinity for the ovaries, and when it is thoroughly indicated there is always more or less ovarian irritation. It is my sheet anchor in all cases of suppressed menstruation where no other remedy seems to be indicated, or where other apparently indicated remedies have failed.

Viburnum opulus.—This drug is a still more recent addition to our materia medica. Its chief use is in the treatment of congestive and neuralgic dysmenorrhœa, and it has proved helpful also in the membranous form. In many respects it resembles cimicifuga. Like the latter it is especially indicated in nervous, hysterical subjects. Its abdominal pains are more excruciating, of a crampy, colicky nature, and less bearing down and heaviness, and there is more often associated with the pains a constant and distressing nausea. Viburnum is remarkable as a palliative in dysmenorrhœa. I have never known it to fail in giving relief regardless of the symptoms, but it is only curative when well indicated. Another peculiarity is that it "wears out" after awhile, especially when not well indicated. It will usually relieve promptly for three months, and after that time its action seems to be exhausted and no more good can be obtained from it. This fact was first observed by Dr. Hale, but my attention was called to it before I noticed his observation, and I have verified it scores of times since in my own practice.

Gelsemium.—This drug is already well known as one of our most valuable remedies in neuralgic dysmenorrhœa, and has frequently proven effective in affording temporary relief in cases of obstructive dysmenorrhœa, but it is of no value whatever unless well-marked indications for its use are present.

Xanthoxylum.—This is another of our new remedies that promises much in this sphere. It is especially useful in neuralgic dysmenorrhœa when the flow is very profuse, and particularly in chlorotic subjects, and where the periods occur irregularly.

Caulophyllum.—This drug is useful in amenorrhœa where there is great atony of the uterus, and in neuralgic and obstructive dysmenorrhœa.

Ustilago.—This fungus, like its relative, secale, is useful in menorrhagia, especially when it arises from atony of the uterus, the flow always being dark and clotted.

Trillium.—This remedy, on the contrary, gives a flow of bright red blood, gushing out at every movement, and very exhausting; occurs

every two weeks, especially at the menopause, or as a result of exhaustion from over-exercise, or from a displaced uterus.

Erigeron.—This remedy also gives a very profuse bright red flow which is increased by every movement of the patient, especially when associated with irritation of the rectum and bladder, or accompanying prolapsus uteri.

Cinnamon.—This is an excellent remedy in menorrhagia or metorrhagia when the flow is very profuse and bright red.

Hamamelis.—The value of this remedy in all venous hemorrhages is already so well known that I scarcely need mention it. The flow is usually dark and passive, as it is also from other parts, but hamamelis is also frequently useful in uterine hemorrhages when the flow is active and of a bright red color, which is not the case in other than uterine hemorrhages.

IOWA CITY, IOWA.

THE CYANIDES IN CARDIAC DISORDERS.

BY DR

Edwin M. Hale

I HAVE often asked myself why the cyanides are not more used in diseases of the heart. Hydrocyanic acid is one of the most potent and deadly of all the heart-poisons. It kills by causing paralysis of the cardiac nerve-supply, probably by acting on the origin or roots of the nerves in the medulla. It is not probable that it will cause or be useful in structural disorders of the heart, for its action is too transient (like glonoine or amyl). But when this acid is combined with alkaloids or minerals, we ought to get medicines which profoundly affect both the nerves and muscular tissues of the heart.

The most important of the cyanides are

Cyanide of gold,

“ “ silver,

“ “ mercury,

“ “ potassium,

“ “ zinc.

Of the cyanide of gold we have no provings or chemical experience, but it ought to prove a powerful and unique remedy in functional heart-troubles, especially in young men and women at the age of puberty, and in women at the change of life.

We have a few symptoms of the cyanide of silver. The “ violent pain

in the region of the sternum" (heart), the "incessant cough and feeling of suffocation," point to cardiac oppression.

Cyanide of potassium (*kali cyanatum*) is better known. There is an excellent pathogenesis in Allen's Encyc. Mat. Med. Its paralyzing effect on the cardiac and respiratory nerves is rapid and fatal. The chief indication for its use is in neuroses of the heart, angina pectoris, etc., when the "terrible sense of suffocation" is the most prominent symptom. The breathing is sometimes very slow, stertorous—as in opium—and irregular. The pulse is also slow, irregular, scarcely perceptible, and there is always cyanosis. The spasm and tetanic conditions closely resemble strychnia.

Cyanide of mercury is one of the most virulent of this class. It unites the neurotic effects of hydrocyanic acid with the destructive effects of mercury. It is the most *similium* of malignant diphtheria known. It kills as diphtheria sometimes kills; namely, by profound and rapid poisoning of the nerve-centres, without showing throat-lesions. It is capable of causing diphtheritic, ulcerative endocarditis, and its early and timely administration in diphtheria will prevent the cardiac paralysis or endocarditis which render that disease so dangerous. In syphilitic heart-lesions it ought to prove one of our best remedies.

Cyanide of zinc, from its composition, bids fair to prove a great addition to cardiac therapeutics. A study of the symptoms of the acid, and of zinc, will show its importance. We have only a few symptoms of the cyanide, but even those are suggestive :

"Bad temper. Very subject to anger. Very great sensitiveness. Congestion to the head. The face suddenly changes color. Great physical agitation. General trembling from time to time."

Few as they are, they present a picture of the mental and physical condition of persons who are the victims of cardiac neuroses, especially when it occurs in hysterical women or neurasthenic men.

I have for many years used the valerianate of zinc in cardiac nervous affections and found it efficacious. The picrate of zinc is an excellent remedy in neurasthenic persons. In some special cases, when acid hydrocyanic was indicated, as well as zincum, I have found the cyanide to have happy effects.

Prof. Laskevitch highly praises the cyanide in cardiac neuroses, in which he says he gets more satisfactory results than from any other drug. It acts quickly and certainly. Palpitation, want of rhythm, and pain in the region of the heart are quickly effected, sometimes, indeed, cured, by this drug. Similar good effects are produced when there is organic cardiac disease.

The regulating action of cyanide of zinc in valvular insufficiency is less marked than its effect in cardiac neuroses; nevertheless, there were cases in the wards where it acted better than digitalis, convallaria,

adonis, etc. In this respect it acted particularly satisfactorily in cases where other remedies could not be given without producing gastric derangement. Here it improved the action of the heart, increasing the secretion of urine, moderating the pulse, and diminishing the dropsy. In a case of nervous palpitation, with hysterical suppression of urine, cyanide of zinc diminished the palpitation and restored the urinary secretion.

Dr. L. prescribes $\frac{1}{10}$ grain three times a day. Two or three grains of the 2x trituration acts better.

In some cardiac diseases, functional and organic, gastric irritation and pain is common. Spasmodic retching and gastralgia seem to be sympathetic. In such cases the zinc cyan. will be particularly applicable, for Henning, a German physician, has used it with extraordinary success in cramps of the stomach. It formed the chief ingredient, in combination with magnesia and cinnamon, of his famous "anti-gastralgic powders." He recommends it in worm affections of children, chorea, and other spasmodic diseases.

Ferrocyanide of zinc has an action on the system similar to the cyanide, with the addition of the ferric influence. In cases where the blood was impoverished, where the cardiac disease was complicated with or due to anæmia, this preparation would be better than the cyanide. Dose, a grain of the 1x trit. three or four times a day.

In my "Therapeutics of New Remedies," I called attention to the ferrocyanide of potassium. The chemical experience then recorded is very valuable. It is especially valuable in cardiac disease with chlorosis, neuralgia, hemicrania, feeble digestion, feeble and irritable heart, palpitation, weak, irregular pulse, cold feet and hands, etc.

All the cyanides and ferrocyanides should be more extensively used.
CHICAGO, ILL.

The effects of quinine upon the muscular tissues is thus summarized:

In small doses it stimulates, as shown in the heart, the increased height of contraction of voluntary muscle, and the initial contraction of the vessels.

In larger doses, it completely paralyzes the contractile power of the tissue; this is seen in the arrest of ameboid movement, the cessation of response to stimuli in voluntary muscle, the stopping of the heart in diastole, and the dilatation of the vessels.

In very large doses, or after very prolonged action, quinine causes contractile tissues to pass into a state of rigor mortis, as shown by the small spherical condition of leucocytes, the rigidity of voluntary muscle, the contracted state of the heart, the secondary contraction of the vessels after long exposure to the poison, and the contracted state of the esophagus.

Quinine being such a popular remedy, these lethal effects are seldom attributed to it.—R.B. Wild.

A RECENT EXPERIENCE.

BY



SARAH EVELYN was born on September 5, last year. She was an alert and active child with a well-developed capacity for sleep and food, and progressed finely, with due regard to her own welfare and the peace of mind of her immediate relatives, up to the time of the discharge of the monthly nurse, on the day of the completion of her fifth week. She then passed to the care of a French nurse, who had had no previous experience with the new-born, but who had developed excellent qualities in the position of nurse to an older child in the same family, and was highly valued and implicitly trusted in consequence.

The *accouchment* took place at the family country-seat, about an hour's distance from the city, their residence being situate about one mile south of my own out-of-town house. In the interest of the mother, who suffers from a chronic gastric derangement, I removed the child from the breast, and put it on Carnrick's Soluble Food, on the ninth day, a change which was manifestly for its advantage.

I saw this child on October 13; it was then progressing finely, gaining in weight, and showing every evidence of good care, as indeed it should, surrounded as it was by all the safeguards and conveniences which loving ingenuity could devise or the lavish output of money could procure.

So far Fate had seemed propitious, but on October 26 I received a telegram from the father stating that baby was very ill and would I come up. I went. The history of the case was as follows: Something over a week previously the child had begun to have very copious, offensive stools, but as these were natural in color and consistency the mother, unfortunately, did not think the condition of sufficient gravity to necessitate medical attendance. Even when, on Tuesday afternoon, the dejections became green and frequent a fatal delay of eighteen hours occurred before help was summoned. A survey of the surroundings developed the probable cause, or at least a contributive one. The

ordinary oval-shaped feeding bottle was used, over the neck of which is stretched the black rubber nipple. Several of these nipples, in constant use, were found in a tumbler of clean water, looking innocently enough as they bobbed up serenely when effort was made to seize them ; but their inner surface was covered with a greenish slime, in which maggots could be seen disporting themselves. The nurse had been furnished with a brush for cleaning the inside of the nipple but had failed to use it.

The present condition of the patient was, in brief : much emaciated and weighing less than when born ; skin dry and hot ; no urine had been passed for eleven hours ; stools frequent, papescent, resembling in appearance and odor green paint ; face pale, with an anxious expression ; temperature (4 P. M.), $104^{\circ}6$ Fahr. ; bowels very tender and swollen.

I did not act hastily, and yet I made a mistake, and lost twelve valuable hours. I prescribed *aconite* 6x, in water, a teaspoonful half-hourly. I gave it because of the suppression of urine, accompanied by high fever, sensitiveness of the abdomen to touch, dryness of the skin, quickness and fullness of the pulse, and the paleness and terrified expression of the countenance. Among the diarrhœic symptoms of aconite are :

Green, like chopped spinach.

Small, frequent, involuntary.

The only thing that aconite did was to cause profuse urination ; but the other symptoms remained as before, or increased in severity ; the temperature climbing up to 105.2° Fahr.

At 3 A.M., I changed the remedy, giving now *belladonna* 12, in water, a teaspoonful half-hourly. I gave belladonna for the following reasons : The child was drowsy and yet unable to sleep ; at every stool the rectum was pushed out into the world, looking hot and sore, and gradually returned to its place ; the abdomen was swollen and painful, the slightest movement or jar causing the child to scream out ; the tongue dry and red, and cleaving to the roof of the mouth ; bright light and noises occasioned evident annoyance ; the stools had become thinner and, while as green as ever, were more mucous, and contained little lumps of white mucus. Belladonna removed the painful condition of the abdomen, and it never returned. The child went to sleep, and slept soundly for several hours, and awakened hungry, nursing from the bottle a good meal. The rectum did not protrude at stool, and the anus looked less sore. Noises and light no longer seemed to irritate the nervous system and the stupor was all but gone. The temperature was, however (9 A.M.), 103.2° Fahr., and the diarrhœa continued unabated in frequency and amount, though somewhat improved in quality. Under the circumstances I felt justified in continuing the belladonna through the day, hoping for a steady improve-

ment in proportion to that secured during the past six hours. In this I was destined to disappointment, for when I reached the house at 6 p.m. I found the temperature had advanced to 105.1° Fahr., and that the discharges from the anus were now almost continuous, consisting partly of clear water and partly of the same greenish semi-digested matters. Up to this time we had been giving boiled diluted cow's milk. Now to this was added a little browned flour, and the whole mildly flavored with cinnamon. But our patient did not approve of the browned flour, and would not swallow it, even when fed by the spoon, if she could help it, neither at this time nor subsequently. Still, she was made to take it in small quantities, that is about three or four teaspoonfuls an hour. This dietary was continued through the night without any perceptible advantage, and a change was then made to Lactated Food. The extreme depression of vitality and the high fever induced me to prescribe brandy in the food, at first one drop to each spoonful of food, and subsequently two drops, the daily amount being thus about half an ounce. The patient was also sponged with hot alcohol at intervals, which seemed to be beneficent.

Although encouraged by the favorable changes in the symptoms produced by the administration of belladonna, the continuance of the diarrhœa unabated, though now more fæcal in character, seemed to call for a new prescription. The presence, also, of a clear-water discharge was a new feature not covered by belladonna. No urine was passed for a long time, but this I attributed to the great loss of fluid by the bowels, rather than to a congestion in the kidneys, as the last urine passed had seemed about normal in character; I took this circumstance into account, however, in settling the next prescription. I gave *apis*, 30, preceeding it with a dose of *sulphur*, 6, and for these reasons:

Suppressed urine; dry skin and dry tongue without much thirst. She took food and water, but not greedily; labored respiration, head hot, fontanelles sunken, face very pale and transparent, eyeballs roll upward, and the character of the stool. *Apis* has

Clear (colorless) watery stool.

Constant oozing from anus, of which the patient is unconscious.

Involuntary with every motion as though the anus stood open.

Greenish, yellowish, slimy mucus.

It was the symptom, "involuntary with every motion," that determined the choice, as the nurse called my attention to the fact, several times, that lifting its legs to replace the napkin always causes a fresh stool, and as long as its legs were held up the stool would continue slowly to ooze.

Apis modified the conditions considerably. It banished the symptom just mentioned, and the watery stool. The other (fæcal) stool changed from green to yellow, though turning green after an hour's exposure to

the air. The face assumed a more natural aspect, and the respiration was not labored. The urine, though high-colored, seemed otherwise normal and was passed independent of the stool. But the grave feature, and one that caused me apprehension, was that none of these remedies, favorable as their influence had been in other regards, had materially affected the bodily temperature or reduced the amount of fecal discharge. The temperature had varied from 103.2° Fahr. in the morning, though usually about 103.5° , to 105° at night, and had seemed to be affected but little, if any, by the remedies exhibited. Under these circumstances it did not seem proper to longer depend upon apis, and so at 9 A.M. (28th inst.) after a very careful study of the case I gave *argentum nitricum*, 200 (Carroll Dunham's), a few pellets dry on the tongue, to be repeated hourly. *Argentum nitricum* has the following symptoms, which were at this time present in the case :

Great emaciation.

Drowsiness, with dilated pupils.

Face pale and sunken.

Undigested, excoriating stools.

Bright yellow, or greenish yellow stool, turning green after remaining on diaper.

Although this last symptom was the only one that is truly characteristic (the sour smell which might have indicated *rheum* being absent), it proved to be a very valuable key-note. The child passed a very comfortable day ; the temperature was 102° at six P.M. The stools had become less frequent ; at one time there was an interval of three hours. They improved in quality also, and no longer changed color on exposure to the air, being of an almost natural brownish-yellow ; one stool had been decidedly brown. It had slept quietly, and had partaken of food regularly and in sufficient quantities ; in fact, the danger point seemed passed almost. The night developed no unfavorable change ; the temperature at 8 A.M. being 99.5° Fahr. An untoward circumstance now developed. The nurse called my attention to the occipital bone, whose edges were telescoped beneath the parietal bones. Whether this was due to permitting the child to lie upon it's occiput, against which I had most earnestly and repeatedly cautioned the mother and nurse, but which it was difficult to avoid while feeding the child from a spoon, or whether it was caused by the general shrinkage of the brain, permitting collapsing of the bones, I could not determine. Probably both elements were factors in the result. Gentle manipulation proved that the parietal bones could be slid forward, thus releasing the occipital bone, but as soon as the child was placed in recumbency the three bones again interlocked.

The absence of trismus or other convulsive condition proved that, whatever may have been the causes of this obliteration of the lamb-

doidal suture, there was at present no serious compression of the brain ; and taking this in connection with the general and very marked improvement of the patient, especially the decided and permanent lowering of temperature since the administration of argentum nitricum, led me to continue that remedy.

We had now reached the end of the third day of treatment and the eleventh of the illness, and the condition of affairs at 6 P.M. was as follows : Temperature, 100.4° Fahr.; the discharges from the bowels small in quantity, brown-yellow, not offensive, occurring about hourly ; the child had nursed and slept naturally up to half-past one, but since then had been wakeful, and would take food only when forced to do so from a spoon. About nightfall it began to have twitchings of the feet and hands, labored respiration, and a clucking noise in the throat. The temperature rose rapidly, reaching 102.3° by 8 o'clock. *Belladonna*, 200, quickly removed all the spasmodic symptoms, and the child nursed from the bottle and fell into a quiet slumber.

Meanwhile, as soon as the twitchings began, I had a talk with the parents of the patient, explained to them the operation successfully used by Marion Sims to overcome occipital displacement, and, while not recommending an operation, asked that a surgeon be summoned. Dr. Hungerford, of Stamford, a very capable member of the allopathic branch of the profession, responded promptly, and after a careful examination refused to operate, agreeing with me that the convulsive condition (which had by this time been controlled by belladonna) was due rather to anæmia than to any compression on cerebral tissue by the displaced bone. He further agreed with me that stimulation offered the only hope for the patient, and desired that the alcohol spongings and the brandy in the food should be continued. As to the efficacy of potentized drugs, of course, he had nothing to say, but he was very courteous and kindly in his remarks on that part of the treatment. The only new thing suggested was that an enema of water, at 65° Fahr., should be given to check the rising temperature, which was now $102^{\circ}5$. We pumped into the rectum about twenty-seven ounces of water, and by manual constriction of the anus caused it to be retained four minutes, the whole process having lasted about eleven minutes. The temperature fell in half an hour to $99^{\circ}8$ Fahr., but rose again in the course of six hours to 102° , from which it declined to 100° by eight A. M. (Sunday). The stools were better through the night, one being quite normal ; but after daylight they gradually became softer and putrid. I should have given psorinum if I had had it, but failing this gave sulphur 6 and later 30. Several times during the day spasmodic symptoms appeared, including contraction of the muscles of one side of the neck which lifted the head momentarily off the pillow, giving the child a curious appearance, as if trying to look around. One or two doses of

belladonna 200 quickly put an end to these manifestations whenever they appeared, having a most decided lulling effect on the nervous system, inducing quiet sleep. The temperature fluctuated during the day between 100° and 101° Fahr., barely touching for a brief time the higher figure. The bowels moved scantily and irregularly, at times not more than thirty minutes apart, and at others over an hour. The dejections were homogeneous, of a nearly normal color, with occasional traces of green; some were offensive, others nearly odorless. Sulphur 30 was continued up to midnight, except when interrupted by the administration of belladonna. During the evening the case seemed to be progressing satisfactorily, but toward midnight the respiration became sighing, with spasms of the throat and dyspnœa, the legs were drawn up with cramps, the thumbs were clenched across the palms, and the face was dusky, with blue rings about the eyes. This condition seemed to point so strongly to *cuprum* that I gave it, in the sixth potency. The cramps and the dyspnœa were signally relieved, but symptoms of immediate dissolution now presented themselves. The feet had shown a tendency toward coldness for some hours, but they now gradually became icy, this condition extending upward to the knee. The hands and arms, and the face, became likewise cold, and external heat could not warm them. The child could not swallow. The stools were more watery, more frequent, and exceedingly offensive. These conditions gradually became more and more intense as the night progressed, and I certainly thought each hour would bring the end. Toward four o'clock the nurse said several times, "She does not seem to want to be covered up." The child through its sickness, though so greatly emaciated, had shown a wonderful muscular power for its age, and for the past two days, when awake, a preternatural mental activity. I have seen the same mental phenomena many times in babies stricken with a fatal illness, as if amid the waning physical powers the soul obtained a more complete though transitory ascendancy over the immature brain. Be this as it may, and even supposing that the symptom "does not want to be covered" was imaginary, there was an objective symptom now present of very characteristic significance: the toes spread apart and bent upward. I had no hope for the patient, but these symptoms called so strongly for *secale* that I gave it in the sixth potency, repeating the dose half-hourly. The medicine produced an astounding effect. I had given it without the slightest expectation of beneficial result, but its action was signal. The extremities and face, in the course of three hours, became naturally warm, while the axilla temperature fell one-half of a degree. The muscular contractions ceased. The stools were less offensive, and more fecal. The child *nursed from the bottle*, and fell into a quiet slumber.

This improved condition continued until noon, when I was displaced

as attending physician through the amiable machinations of a mother-in-law. The new doctor's treatment—and he is a homœopathist in good standing—seemed to be based on the idea (slightly varied from Pope that whatever is, is—wrong. The use of alcohol was negatived, and the child ordered to be bathed in oil. The food was discontinued and rice-water substituted. A medicine was given. The funeral was on Wednesday.

This case is here reported because it presents several noteworthy features. One of these is the futility of giving aconite in cases of toxic origin. I thought I had learned that lesson years ago, but it seems I had not. Yet the superficial conditions pointed strongly to aconite, and I have seen it act with celerity in cases of green diarrhœa, where the similimum seemed less exact than here.

Sulphur is commended by all routine writers as a reinforcer where the homœopathically-prescribed remedy fails to act, or when the action of such a remedy fails to be maintained. In this case each remedy prescribed did exactly what was expected of it, but unhappily other symptoms soon appeared, which called for a change in prescription. Sulphur here, contrary to expectation, did nothing in the way of emphasizing the value of the current remedy; but, later, when given simply because the symptoms indicated it, it manifestly benefited the patient, thus enforcing another good homœopathic lesson.

I am sorry I did not have psorinum at hand at the critical moment when, *early in the morning* (Sunday) the dejections became more *fluid*, *darker*, and of a *cadaverous odor*. Whether it would have done more than sulphur must ever remain an unanswered and unanswerable query. I supposed I had a vial in my satchel, but on looking for it found it *non est*.

The truly wonderful effect of secale, coming after several hours of hopelessness, again enforces the lesson never to despair. I am sorry the remedy, and the conditions under which it was acting so favorably, could not have been continued, but Fate had evidently marked the patient as its own.

And, finally, the history of this case would be incomplete without an acknowledgment of tidal influence upon the progress of the disease. The house is situate about four hundred yards from tide-water, and it was noticed that as the tide went out every twelve hours the patient's strength ebbed with it and the symptoms all became more grave, while when the tide was coming in it slept quietly, or took nourishment more freely, and all the conditions seemed to assume a better tone. The end came just as the tide had ceased to ebb.

29 West 26th Street, New York.

CONIUM MACULATUM.*

BY CONSTANTINE HERING, M. D.

THERE is great concern about little things. Vertigo when lying, and more when turning around in bed. A little wine makes them drunk. Amaurosis; paralysis of optic nerve; yet they still shun the light. Dilated pupils highly characteristic.

The lips and the teeth are covered with black scurfs. The lips are burning, dry. Bitter taste in mouth, and thirst.

In girls when great sexual excitement from reading improper or loose literature, without satisfying their sexual desires.

Ameliorations before breakfast. Indicated when cough is increased after sour or salty food. Coffee ground vomiting; important, therefore, in yellow fever—in the black vomit.

It acts on the liver very profoundly, causing pains. Liquid, fæcal stools, undigested, with lumps, great weakness and trembling after stool.

Conium was used by the ancients for poisoning criminals.

Asafoetida acts more on the bones and caries; cicuta, on the nerves; while conium has a peculiar affinity for the glands. Thus the mammary glands are the main field for the action of conium. Hysteria in girls from over-thinking about sexual matters, without ability to gratify their desires.

In every case there is always more than *one* symptom. To find these we must make careful examinations into the past history of the patient.

In spasm of the glottis on exhalation chlor. diluted has cured. In asthma Millari, when there is spasm both during inhalation and exhalation, without other symptoms, we should inquire into the back history. For instance, the patient had marasmus when an infant, but had been cured. On further examination we learn possibly that the leading symptoms of the marasmus indicated iodine; therefore for the present attack of asthma we will give iodine, with every reasonable probability of curing. Iodine, bromine, and fluor are all great remedies for spasm of the larynx. We see by this instance that by going back into the history of the patient, when only one symptom is present, we can always get enough symptoms to determine the selection of the right remedy.

Conium for evil consequences from reading exciting literature.—When passing stool a drop of prostatic fluid escapes; after sexual emotion another drop of prostatic fluid escapes. Menstruation too late and scanty, reluctant, short.

* From Notes of a Lecture delivered in 1870-1.

Swelling and soreness of the mammæ before and during scanty catamenia. Both breasts are hardened, though no scirrhus apparent.

Uterus and ovaries.—Hardened ovaries with burning, acrid, excoriating leucorrhœa. Pains in the iliac region, with soreness and stitches. Rigidity of the os uteri, either before, during, or after menstruation ; or constant rigidity of os. A hardness and stiffening of os uteri ; induration of os or of whole uterus, or when leucorrhœa profuse, causing perhaps ulceration. Leucorrhœa white, acrid, burning, and if long lasting it becomes excoriating. Dysmenorrhœa, when there are shooting pains in left iliac region. After catamenia, a violent itching and bearing down. Pressure from above downward. During pregnancy, conium is of great importance. Cough during pregnancy. Pregnant women have to get up in night to urinate. Pregnant women lose all love. Labor pains are hesitating, not progressive. Conium high must only be given for these cases.

Shriveling of mammæ, with increased sexual desire ; breast relaxed except at menstrual period. Great soreness of mammæ preceding menstruation. The vertigo when lying down becomes very severe at this stage—just before menstruation. The indurations become painful before and during menstruation.

After all cures with conium low there are always symptoms following of long duration.

♣Horny-like scabs forming like oyster shells in the chest, with stitches in chest leading to them. Glandular diseases from injuries. All joints feel as if they were beaten ; a lameness without pains. Most symptoms appear when at rest (Bry.) ; many are aggravated at night when lying down. Rhus has some symptoms similar when at rest, but worse when just beginning to move and better from continued motion ; hence, they are worse when first getting up in the morning, and from getting up from a chair. Conium is the same as rhus for these symptoms.

All the symptoms worse when standing. The symptoms of sulphur also get worse when standing, but not disappearing when standing like conium. Bending back aggravates.

A QUERY FOR DR. MARTIN.

IN the November issue of the AMERICAN HOMŒOPATHIST Dr. W. J. Martin, of Pittsburgh, makes report of a case of pneumonia coming into his hands from an old-school practitioner, who said he had done all he could to prevent a fatal termination. Dr. Martin says he found the child, after a sickness of several days with—"respirations, 90 per minute ; pulse, 150 per minute ; temperature, 102.04°, etc."—and he administered "a small powder of *lycopodium*, 30 centesimal, every two

hours," and that the next morning he found "the symptoms markedly modified," and that, in one week "the child was well."

Not for a moment calling in question the diagnosis and prognosis reported by Dr. Martin, it is pertinent and proper to inquire under the influence of what remedies he found the patient.

Considering the gravity of the case, the usual heroic doses prescribed by old-school practitioners and the fact that the patient was "steadily growing worse," it is fair to presume, in the absence of positive information, that Dr. Martin first saw the case under the influence of drugs, or measures well calculated to increase the respirations and pulse-rate and to heighten the temperature, all of these being usually somewhat above the normal in patients with pneumonia.

Such being the case, it is also fair to presume that the entire withdrawal of the heroic measures must be followed by a decrease in respirations, pulse-rate, and temperature.

The query I would propound to Dr. Martin is this—whether, in a case of pneumonia, such as he has described, that has been running for "some days" and that ended in complete recovery in "one week" from the time he was called, there was not a possibility that the decline in severity of symptoms and rapid recovery were due more to the sudden cessation of heroic measures and the re-action that followed, under the *vis medicatrix naturæ*, than to the small powders of what was called "lycopodium 30th centesimal"?

I would not dispute his statement of facts, but I must call in question the conclusion he seems to deduce—the opinion that the rapid improvement of the patient and very early recovery were the result of the *powders* he administered.

I must believe that not every *post hoc* is necessarily a *propter hoc*—and further, that recoveries are often a negative good or the result of quitting medical treatment.

I am ready to claim for Homœopathy all due credit, but not willing to rest its good name and risk its future on deductions strained to cover views not at all necessary to its comprehension and its application in practice.

The child mentioned in the report by Dr. Martin was undoubtedly very sick and very soon well again. Those were matters of direct observation, but not so the causes of the troubles witnessed and the causes of recovery.

In them there is room for doubt, for speculation, and wrong conclusions.

W. M. D.

OUR EXCHANGES.

By simply pressing on the supra-orbital notches with a steadily increasing force, you may, with a certainty of success, detect a malingerer; bring an unconscious alcoholic to his senses, and thus differentiate on the spot between alcoholic and other comas; cause cessation of hysterical convulsions, and in many instances quiet violent alcoholic delirium.—*Dr. Lute von Weaerkind.*

The *Medical Advance* sends its business management to Chicago, to W. A. Chatterton & Co., who will hereafter publish the journal; Dr. H. C. Allen (Ann Arbor), however, continues in the editorial chair, and the *Advance* will lose none of its hard-earned laurels; nor will it swerve from the path laid down in days past. This separation of the business from the editorial interest became a necessity to Dr. Allen, whose practice had been suffering considerable neglect, and whose health was rapidly giving way under the continued strain. Here's to the *Advance* for its able advocacy of homœopathy, and to Dr. Allen for his tearless fight for the cause!

That ancient chestnut of the professor who asked a student what he should do supposing a patient came to him with a compound comminuted fracture of the femur, and receiving for answer that he'd make him as comfortable as possible and send for a doctor, comes to our shears credited to *Life*. Dear *Life*, we would suggest that you now publish, as new, the other twin somewhat thusly: A student being told that a patient with a certain fracture or dislocation (elaborate the theme *ad libitum*) would limp, was asked, if he had a case of that kind, what would he do? "I would limp, too." [We can supply you with a number of others at jobbers' rates.]

A correspondent of the *Hom. Physician*, in a recent issue, stated the symptoms of a complex case, and asked for the remedy. Dr. H. C. Allen answered that theridion was indicated; doubtlessly the correspondent received many other answers. Dr. Leggett, in the last number, quotes the repertories, and shows that calcarea is the remedy. Following this the editors present a page or more of remedies on "Sound and Noise" (the main feature of the correspondent's case); in this we fail to find any mention of calcarea, but theridion appears. Which shall be believed: the repertory with its mathematical exactness, or the *ipse dixit* of Dr. Allen and the editors?

"An Open Letter to J. H. Ginley, M. D.," in the *Med. Counselor* by Dr. Clarence Willard Butler causes sad havoc in the camp of the former. Dr. Ginley reported a case of diphtheria and concerning the treatment, "medical and adjunctive." Dr. Butler wants to know, don't you know. [*En passant*, Bro. McLachlan, diphtheria cases seem to be your *bête noir*. Can't you change the combination a trifle?] We await Dr. Ginley's response.

The Annals of Gynecology permitting, we would suggest a little more distinctness in its wood cuts in the design as well as the print. On page 123, No. 3, is pictured "Case 7—Cured by Alexander's Operation." As the accompanying letter-press does not solve the enigma it is difficult to say whether the picture represents the rump of a horse with the

stump of an amputated tail, a one-legged man with lacerated testicles and fore-shortened penis, a procidentia uteri from the coccyx, or a—something else. The specimens hung up to dry in the first four pages are excellent engravings, finished and exact; fortunately, an "Explanation of Plates" is given; but the wood cuts are poor. Let us have a little more cohesive continuity, so to speak, between the plates and the descriptive matter.

Stenocarpin is a new candidate for anæsthetic recognition. Dr. M. Goodman, a veterinary surgeon, made a poultice of the leaves of the Tear Blanket tree for the fetlock of his horse. In making an incision afterward he observed that the horse evinced no sign of pain. Subsequent tests by himself and others have been followed by the same result. The main difference between stenocarpine and cocaine is in the more powerful and lasting mydriatic property of the former. Later, we learn that the proper name should be *gleditschine*; and that the *Gleditschia triacanthos*, or horny locust, is the tree whose leaves were used.

"Dynamite," and "Ipecacuanha" are being daily re-discovered by the old school for disorders to which homœopathy has applied them for years. When your old school trapper gets on the scent of his victim, even if that fugitive be clasped to the horns of the homœopathic altar the hunter brings it home; but presto! it ceases to be a homœopathic goose forthwith and becomes an old school swan, singing the pæans of its discoverers? How long, Oh! Lord, how long!

J. A. Maloney (Washington) has devised a new instrument for the relief of deafness by which a person so deaf as to be unable to hear a loud voice was able to hear a whisper. A rubber diaphragm is tightly stretched between two rings and enclosed in a hard rubber box, which is applied against the ear. To the outer portion is attached a cone-shaped tube, for collecting the sound-waves. One form of the apparatus consists of the ear-piece just described, to which is attached a rubber tube, terminating in a mouth-piece. A test was made upon fifteen cases. Hearing was excited in every instance, and in the case of the semi-mutes the results were especially satisfactory, as they heard nearly everything said to them.

Says the *Pacific Med. Journal*:—"The Sultan has just had the ladies of the seraglio vaccinated. The Italian physician employed for the purpose was, in accordance with Oriental usage, not permitted to see the faces of the fair subjects of the operation, who were carefully concealed behind a screen. A slit had been made in the center of it just large enough for the passage of the arm, and through it one hundred and thirty arms of different hues, from dusky black to snowy white, were presented to the operator in succession. Though the intervening screen rendered the faintest revelation of the features of those behind it impossible, yet, by way of making assurance doubly sure, two eunuchs who stood by the doctor while he was at work, threw a shawl over his head and face after each operation, and removed it when the next arm in the series was in position and ready for the lancet.—What a peculiar people are the Italians! Now an American could have vaccinated the one hundred and thirty arms without betraying the least excitement.

In fact the American stomach can stomach most anything, even the sight and smell of one hundred and thirty occupants of an Oriental Free and Easy; and there would have been no need to protect the vaccinator with screens and shawls. A number of years since a prominent dan-soos in a visiting Female Blonde Company at St. Louis, fearful of the prevalent scourge, determined to be vaccinated. A doctor was called in, the Hippocratic oath administered to him, whereupon the fair kicker disrobed. The medico never "gave it away," but it is known that the arm, being one of the essential elements of this stage beauty, was not scarified, and also that for a week or more the Blonde ate her meals off the mantel-piece.

And here's another from the land of the Banana and the home of the Hand-Organ: In the Pitti Palace, at Florence, is a table, which was made by Giuseppe Sagatti, who passed several years of his life in its manufacture. To the casual observer it gives the impression of a curious mosaic of marbles of different shades and colors, for it looks like polished stone. In reality it is composed of human muscles and viscera. No less than a hundred bodies were made use of for the material. The table is round, and about a yard in diameter, with a pedestal and four claw feet, the whole being formed of petrified human remains. The ornaments of the pedestal are made from the intestines, the claws with hearts, livers, and lungs, the natural color of which is preserved. The table-top is constructed of muscles artistically arranged, and it is bordered with upwards of a hundred eyes, the effect of which is said to be highly artistic, since they retain all their lustre and seem to follow the observer. Sagatti died about fifty years ago. He obtained his bodies from the hospitals, and indurated them by impregnation with mineral salts. Wat a gountries! wat a peebles!

The treatment of chronic affection adopted by Peczeki is simple. He considers that all chronic maladies are caused:

1. By syphilis.
2. By the cure, or rather disappearance of scabies under a purely external treatment.
3. By the disappearance of tinea.
4. By an hereditary morbid predisposition, transmitted by parents, submitted to the influences of causes No. 1, 2, 3.
5. By poisoning, through allopathic doses of medicaments.

Dr. Peczeki employs homœopathic remedies to combat these chronic affections, such as sulphur, belladonna, nux vomica, nitric acid, pulsatilla; sulphur is administered in the morning, belladonna at midday, nux vomica or nitri acidum at evening in globules in progressive doses.

When improvement continues the application of medicaments is suspended during six or eight days, then resumed and continued until recovery ensues. Pulsatilla enters into every treatment; it is administered after each repast in doses of 5 to 10 globules, and during the intervals in which treatment is suspended. The aim of Dr. Peczeki's treatment is to induce reaction, such as perspiration, eruptions, hemorrhage, etc., which produce a crisis in the patient's condition, and give him strength to throw off the morbid influences from which he is suffering. (Ext. from a Paris Letter in *The Weekly Med. Rev.*). Do you mark that, dear reader? An old school journal (and a good one, too) so far

forgets its tenets as to disseminate homœopathic knowledge. Is the Caucasian played out !

Hot baths cause a loss in weight that is due to the loss of water by perspiration. This loss of weight no longer exists after 24 hours. Compensation is effected, either by augmenting the quantity of drink or by a diminution of the urinary secretion. Dry hot air baths cause a sudation that ceases as soon as the man leaves the bath, and hot water baths, or baths in hot air saturated with steam, cause a sudation that persists a full hour after the bath.—*Weekly Med. Rev.*

According to Dr. Granville, says the *Pac. Med. Rev.*, the position affects sleep. He says :

"Lying flat on the back, with the limbs relaxed would seem to secure the greatest amount of rest for the muscular system.

"This is the position assumed in the most exhausting diseases, and it is generally hailed as a token of revival when a patient voluntarily turns on the side ; but there are several disadvantages in the supine posture which impair or embarrass sleep.

"Thus in weakly states of the heart and blood-vessels and certain morbid conditions of the brain, the blood seems to gravitate to the back of the head and to produce troublesome dreams.

"In persons who habitually, in their gait or work, stoop, there is probably some distress consequent on straightening the spine.

"Those who have contracted chests, especially persons who have had pleurisy and retain adhesions of the lungs, do not sleep well on the back.

"Nearly all who are inclined to snore do so in that position because the soft palate and uvula hang on the tongue, and that organ falls back so as to partly close the top of the wind-pipe.

"It is better, therefore, to lie on the side, and in the absence of special diseases rendering it desirable to lie on the weak side, so as to leave the healthy lung free to expand, it is well to use the right side, because when the body is thus placed the food gravitates more easily out of the stomach into the intestines, and weight of the stomach does not compress the upper portion of the intestines.

"A glance at any plate of the visceral anatomy will show how this must be.

"Many persons are deaf in one ear and prefer to lie on a particular side ; but, if possible, the right side should be chosen.

"Again, sleeping with the arms thrown over the head is to be deprecated ; but this position is often assumed during sleep, because circulation is then free in the extremities, and the head and neck and muscles of the chest are drawn up and fixed by the shoulders, and thus the expansion of the thorax is easy.

"The chief objections to these positions are that they create a tendency to cramp and cold in the arms, and sometimes seem to cause headaches during sleep, and dreams.

"These small matters often make or mar comfort in sleeping."

In conclusion of the treatment of valvular disease, says Geo. J. Preston, M. D. (Balto.) :

1. Prophylaxis consists in the careful treatment of acute rheumatism,

and the avoidance of excess in the use of certain substances which have a known action on the heart, such as alcohol, tobacco, tea, coffee, and attention to the heart when disease in other organs affects seriously the circulation.

2. Certain general measures, as light work, avoidance of sudden exertion, mental tranquillity, well-regulated diet, rest, or in some cases suitable exercise, and all that is included under scrupulous personal hygiene.

3. Avoidance of medicinal treatment until necessary, careful selection and administration of the suitable agent, maintenance of the heart's equilibrium, attention to special conditions and the judicious use of tonics.

N. E. Med. Monthly (in a Paris letter): Over at the Academy of Medicine the other day Dr. Peter made a violent attack on Pasteur, who was himself present, and told of a case of a man who was bitten, and whose wound was immediately and thoroughly cauterized. The man afterward went to Pasteur, who inoculated him and kept him in his hospital, discharging him at the end of a fortnight cured. Upon resuming his work a short time after, he developed rabies and died, the symptoms and post mortem confirming the diagnosis. He asserted that it was Pasteur's inoculation and not the dog-bite that caused the death. Pasteur is popular with the people but not with the profession.

"It was in the Turko-Russian war, 1877," says Dr. Hans Froelich (St. Louis), "when the following incident happened to me: After the battle of Leskovats, I received as my share of the spoils a beautiful Arabian stallion, five years old. As we were forbidden to keep stallions in the army, I concluded to have him castrated by an Arabian veterinary surgeon. He performed the operation very dexterously. The treatment after the operation consisted in fumigation, which he applied several times a day. He used a basin filled with charcoal on which he placed some black pills. When I asked him what stuff he fumigated with I was very much astonished to hear that it was tar, and that tar was used for the treatment of wounds for hundreds of years by the Arabian school. What Lister concluded by his theory was known to our Arabian colleagues may be for a thousand years by experience.

If Gottfried of Bouillon and his knights had brought us this Arabian experience from the Holy Land, this service for humanity would have been greater than all their other results. * * *

When I was in Smyrna after the peace of San Stefano, I saw an Arabian colleague in a bath-room treating elephantiasis Arabum by massage—the first time I ever saw the old manual massage—even known and highly esteemed in Homer's and Rameses' times. I didn't stay long enough in Smyrna to follow up the result of this treatment, but my Arabian colleague assured me that the results were astonishing, which experience I agreed to theoretically. * * *

1. Manual massage in dermatology is of high value, by methodically removing the effete products of the disease in the skin and their neighboring tissues.

2. By its stimulating qualities the massage exercises a reviving effect upon the degenerated vital parts of the skin, empties the obstructed

glands and pores, gives the perspiration new impulse and stimulates the elastic factors of the skin.

3. The massage recommends itself for the treatment of skin disease by shortening the treatment and, as we think, through radical cure by removing the morbid innervation by reason of its character as a nerve tonic. Should I ever have had any idea of it had I not seen that old Arabian rub his elephantiasis patients?

"Dr. Geo. Howe, of Columbia, S. C., after reporting two cases (*Trans. S. C. Med. Ass'n*, 1887), raises the question as to whether there is not a true amblyopia from the use of tobacco. Both of them were also drinkers. He quotes numerous authorities to show that it is not so much tobacco that causes amblyopia or amaurosis as it is alcoholic drinks." "Dr. Anderson (*Med. Med. Jour.*) says he has met with a great many cases of muscular rheumatism due to excessive use of tobacco in some form. All remedies were unavailing while the habit was indulged in. He advises physicians in such cases to inquire into the habits of their patients." Isn't there altogether too much tobacco-phobia in our literature just now? The best homœopath the school ever knew—we refer to Father Hahnemann—was an inveterate smoker even in extreme old age. And who is not familiar with the anecdote ascribed to Boenninghausen, who was puffing away at one of his fourteen pipes ("loaded" each morning by an indulgent daughter) while medicating a vial for some waiting patient? "Don't you think, Doctor," said a visitor, "that tobacco smoke is injurious?" "Injurious!" repeated B. "Here you see me handling these powerful medicines all the day long. What would become of *my* health if I didn't smoke?" The abuse of tobacco, like the abuse of anything else, is injurious. This is self-evident. But this tobacco-rabies is exaggerated. There are to-day no profounder thinkers than the German scholars; no sprightlier, more progressive school than the French; and what the English have done is the history of the world. These nations are tobacco users. The Lincoln-sending-a-jug-of-Grant's-whiskey-to-each-of-the-other-Generals story seems to be quite apropos at this point.

The case of the Crown Prince is now beginning to assume the whilom importance that obtained regarding Pope Pius' health and death. The varying dispatches savor very much of home manufacture; that is to say, it looks as if Unser Fritz was used pretty much to "pad out" the papers. The report of the case by Sir Morell Mackenzie, as it appears in the *Medical News* (Dec. 3), is very graphic and will repay perusal.

GLOBULES.

Are there not a few counties yet to hear from in the matter of Mullein oil vs. Deafness?

The "Genius Epidemicus," says Dr. P. Diederich, of Kansas City, Kan., in the *Era*. Is this a new genus?

Died.—On Nov. 10, 1887, at his residence, John K. Lee, M.D. Dr. Lee was a fine prescriber, a worthy gentleman, and greatly beloved.

The death of George H. Carr, M. D., of Galesburg, Ills., is announced as having taken place Oct. 23, 1887. He was a faithful workman.

The *Clinical Reporter* is a new applicant for journalistic favor from St. Louis, Mo. First issue promised January 15.

Prof. J. C. Wood, University of Michigan, has been quite ill, but is now happily convalescent.

Says an Exchange : " G. E. B., æt. 19, was suffering from hysteria in the passage-way of the Brooklyn bridge." Is this a new part of the body ?

It appears to be an inherent insuperable difficulty for some printers to distinguish between *vice* and *vise*. This is for you, Brer. Dudley : " Heart feels as if squeezed in a *vice*."

" Prof. Cowperthwaite advises an injection of hamamelis in cases of hemorrhage from the urethra in ' old sinners ' who have suffered often from gonorrhœa."—*Era*.

Prof. H. R. Arndt, University of Michigan, gives eighteen lectures on the Institutes of Homœopathy as a part of his course of instruction. Excellent, U. of M.

A Boston surgeon has cured facial neuralgia in an old man by three separate incisions and " by a slight exertion " pulling out the diseased nerve. The scraping and replacing of the thoracic duct is now in order.

Dr. J. W. Stickler (Orange, N. J.) recently inoculated three children with virus obtained from cattle suffering from foot and mouth disease, and afterwards exposed them thoroughly to scarlatina contagion with perfect impunity.

The Boston *Gazette* tells of a paper-eating girl who, in a moment of abstractedness, abstracted " a nice smooth, shiny piece of paper and ate it." As it was an unpaid check the payment was stopped. How and why deponent sayeth not.

" Inflammatory rheumatism," what is it ? " Inflammatory : Showing inflammation." " Rheumatism : A painful inflammatory disease of the joints and muscles of the human body."—*Webster*. Argal : Inflammatory rheumatism—an inflamed inflammation of the joints, &c.

Dr. Thomas M. Butler (Funny Louis, La.) performed Cæsarean section on a cow. Incision was made on animal's side, in front of iliac crest, extending nine inches toward the mammary gland. Presentation : breech dorso-anterior ; calf dead ; cow recovered.

" Hahnemann will not be excelled by any modern prophet who tramples on the *Organon* and holds as an emblem of his adherence to homœopathy in one hand the microscope, in the other the quinine bottle, and in his buttonhole a hypodermic syringe."—*Hom. Phy.*

The *Chironian* (Nov., '87) comes up smiling, although its in'ards are given up wholly to an illustrated description of the new New York Homœopathic Medical College. Don't forget the famous " Limekiln-Club " papers of last editorship. Do it again.

The death of Dr. Edward Pritzl, the accomplished chief assistant of Prof. C. Braun's Clinic in Vienna, is announced. He acquired septic infection from a patient with puerperal fever, and erysipelas of the face ensued which extended to the lungs. A victim to duty.

"The anatomist Gruber, during forty years of his teaching career, has taught eight thousand Russian surgeons, dissected thirty thousand bodies, and written more than five hundred anatomical books and pamphlets." "Dissected thirty thousand bodies!" Rats!

The *Lancet-Clinic* publishes Dr. J. B. S. King's "Fable" as it appeared originally in the *Visitor*, and credits it to the *Texas Med. Journal*. You see, dear Brer. King, the old school can not conscientiously give homœopathy credit for any thing. It is ag'in' their code. But larceny is not. *Vide* Brunton, Ringer, *et al.*

The Dakota Board of Health: "Have you treated any cases of enlarged prostate?" Candidate for license: "Lots of them." "With what success?" "Tip-top! never lost a case." "Did you ever treat any female for enlarged prostate?" "Oh, yes; numbers of them."—*Med. Press and Cir.*

A wandering Salvation Army-ist with a paint-pot and brush decorated the fences and side-walks with Scriptural mottoes. "Prepare to meet thy God" stood out large and impressive, until some urchin with a piece of chalk preceded the line with "A new doctor's comin'," (which latter was a fact).

In a recent gynæcological operation reported in the *Annals of Gynæcology*, the statement is made that the effect of the cocaine was not only to anæsthetize the uterine mucous membrane, *but also to stop the hæmorrhage from it*: the value of cocaine for this purpose has not been recorded by any other writer. This is an important point.

"Drs. Comstock, of St. Louis, and Ludlam, of Chicago, were accepted" as members of the International Medical Congress. Dr. George S. Norton, of New York, read a paper before the Congress, which was discussed by Galezowski, the leading French ophthalmologist, and others. And this after the two years' war about the new code!"—*Mahnemannian*.

The St. Louis *Med. Journ.* tells of a lady who made an application of phosphorus to a pet corn. The husband, awakened by some noise during the night, saw the flash of a fire-fly at the foot of the bed. Seizing a heavy brogan he launched a vicious whack at the fly. Result: a wild shriek, an avalanche of bed-clothes, and the husband sprawling on the floor, while his wife rolled around the bed, nursing her foot and moaning with agony.

Dr. Wm. Goodell's chapter in his "Lessons in Gynæcology" on "The Sexual Relations as Causes of Uterine Diseases" is copied in full in *The Chironian*. The chapter is an excellent one, treating as it does of a very grave albeit delicate subject, and in a manner which must impress the reader with its truthfulness. As a reprint for gratuitous distribution it would make a happy companion-piece to Dr. E. B. Nash's "Specialities in Medicine" published during the current year.

OH—DON'T—OLOGY.

—DON'T put cold feet to the fire ; take off the shoes and rub feet with cold towel and then put on dry stockings.

—DON'T sleep in rooms long shut up ; dread of ghosts, and horrible dreams will result.

—DON'T neglect to teach children to breathe deeply ; the less the number of inhalations per minute the better.

—DON'T let the lying-in lie in a dark room except when asleep ; give her plenty of fresh air.

—“DON'T !” “What's your other name ?” “Mamie, Don't ith what ma callth me,” she lisped.

—DON'T allow child or patient to be waked up on your visit ; sleep is better than medicine.

—DON'T be surprised if the *must* of Bacchus and Ceres be added to your child-bed labors.

—DON'T deny to your fever or pregnant patients whatsoever drink is desired.

—DON'T forget you were a gentleman long before you became a physician.

—DON'T advise drinking of water at meals. Three hours after, early in morning, or before retiring, is best time.

—DON'T believe everything the Professors tell you.

—DON'T imagine that the medal-ed and prize-d student is the best man in the class, or will make the best physician.

—DON'T wear eye “glasses,” doncher know, and “long-sleeved” hat to add to your mental stature.

—DON'T slight your local and State society because you belong to the National Association.

—DON'T see why it hangs on to the “International” handle ; do you, H. C. A.?

—DON'T let's have the Institute in New York State in 1889. (N. B., Don't let's be a hog.)

—DON'T let us hear any more of “mongrel” and “Hahnemaniac.”

—DON'T give an old school remedy when Homœopathy will do.

—DON'T forget that strong coffee with milk and sugar, given teaspoonful-wise, will relieve dying pains quicker than opium.

—DON'T let the moonlight shine on the bed, it affects the nerves.

—DON'T have flowers or leaves in sleeping room.

—DON'T overlook the fact that lying on horse-hair covered sofas produces colds.

—DON'T fail to advise eating of raisins in quinsy.

—DON'T eat too much sugar ; it will produce coryza.

—DON'T regard the blackguarding the chamomilla patient gives you. She'll be sorry when she gets sober.

—DON'T repine because the fools are not all dead yet.

—DON'T despise a tub of water under the bed to control night sweats.

—DON'T let the infant nurse oftener than once in two hours. Crying won't hurt ; too much feeding will.

—DON'T lose your "grip" when the High-oh-gi-amus patient meets you *a la* can can.

—DON'T abuse the other potencies. Unlike the Pope we are not "immaculate."

—DON'T wear colored silk next the skin ; better wear woollens.

—DON'T wash babies too much. Over-cleanliness is the other extreme.

—DON'T change bed-clothes too often in typhoid fever, in childbed, or in catamenia.

—DON'T ask her if she dyes her hair. "What cosmetic do you employ, madam?"

—DON'T use an emetic. Tickle pharynx with peacock feather dipped in oil. (If it does no good, it'll do no harm.)

—DON'T give castor oil after confinement ; danger of puerperal fever.

—DON'T talk about your cases.

—DON'T forget the mind symptoms ; they are all-important.

—DON'T neglect pressure on supraorbital notch in hysteria, anæsthesia, poisoning, and malingering.

—DON'T go to the bedside beer-soaked and tobacco-laden.

—DON'T let your bills run longer than a month, unless on contract.

THE AMERICAN HOMŒOPATHIST.

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No. 2.

Comparisons are odious. Yet, with perhaps a single exception—that of ridicule—no better means can be devised for directing attention to an imperfection which may be so skilfully cloaked in its environments as to deceive even the very elect. A casual review of the Transactions of the Homœopathic Medical Society of Pennsylvania for 1887, just at hand; a cursory glance at its manifold good things, its excellent articles, happy arrangement, clear type, and good presswork, gives rise to the query: Why is this society enabled, in so few pages, with so few members, and so limited financial resources, to furnish annually a volume of Transactions that by far outweighs the Transactions of the American Institute of Homœopathy? Doubtlessly these same authors and contributors to the Pennsylvania Society are affiliates of the Institute, and, were the proper encouragement held out, of a surety, the same brains could duplicate a good thing for the Institute; nay, better still, they would reserve the good wine not for the close of the feast, but send it originally to the Institute—contributing a lesser article, not necessarily inferior, to the local society.

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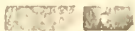
When has the Institute published a paper or a series of papers of equal value with the "Repertory of Symptoms of the Urinary Organs," and a "Repertory of Heart Symptoms," found in the Pennsylvania volume under discussion; the former by Dr. Theodore J. Gramm, filling sixty pages, the latter by Dr. Edward R. Snader, and occupying sixty-five pages? When has it given currency to a paper of the value of "Hemorrhages," of the Pennsylvania Transactions of 1886? These two Repertory papers are of such excellence they deserve separate bindings. Why have these gentlemen done so much for their State Society and so little or nothing for the Institute? Have they imbibed the impression—and if so, is it erroneous?—that the Institute does not want this kind of literature; that their lucubrations, if submitted, will come within the purview of a Star Chamber Council, and, like the wretched victims of that noted tribunal, be never again seen of man? Has the Institute, by reason of its ancient laws and usages, so zealously discountenanced all advancement in matters purely homœopathic, that the workers in the ranks—for there are many there still (too still, in fact)—have ceased to look upon their membership as a bond for faithful homœopathic work, but the rather as an opportunity for annually having a good time, at reduced train and hotel rates; of listening to an Annual Address replete with perfunctory statistics concerning the "Gratifying Progress of Homœopathy and the near Downfall of Allopathy"; voting for officers and place of meeting; and then dispersing to their several homes conscious that little was done deserving of per-

petuation in type, yet satisfied to have a costly volume appear at the usual autumnal equinox, containing their names as attendants upon this Annual Meet.? Is this not the play of *Hamlet*, with the Ghost in the title role?

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The hope was entertained that the sectional plan, re-inaugurated at the last session, would infuse new interest into the routine; that the employment of additional stenographers would enlarge the scope and give greater freedom to the discussions. But the results as published are but little changed from those of recent years. The volume of Transactions of the Institute for 1886, with but the one stenographer, consists of 938 pages; the current volume, prepared under the auspices of three stenographers, numbers 889 pages. By a species of *reductio ad absurdum* it could be made to appear just how many stenographers would be needed to have no Proceedings at all.

The *Medical Era*, with its usual enterprise, determined upon finding something worthy of perpetuation in the Transactions of the Institute, has set to work, and published a synopsis of the best papers presented at the last session. But this proves nothing. A good paper *cannot* be condensed, in justice to its author. To be a paper from Smith, it must have Smith's language, idioms, and logic. A *bodily translation* of any of the papers into the *Medical Era* would have proclaimed its value. This the *Era* has done with the Pennsylvania papers. But a summary is the skeleton minus the revivifying presence of the man. There have been but few quotations in the journals, in whole or in part, from the last volume of Transactions; while, even at this early day, we find four journals copying *bodily* from the Pennsylvania Transactions; no synopsis of those papers will suffice—they are given in full.



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Even so young a society as the I. H. A. is doing better work in its published reports than we of the Institute. Its smaller volumes unburdened with allopathic expedients, but replete with suggestive and instructive papers, make them safe to have on our tables for a patient to inspect. The value of the paper on *Hemorrhoids*, by Dr. W. Jefferson Guernsey, so ably eulogized by Dr. W. A. Hawley, can never be overestimated. The painstaking methods adopted by this society to advance Homœopathy; its encouragement of research in that field of all fields in General Medicine,—in that especial portion of it distinguishing us, as Father Lillenthal says, from the old school, viz., *Materia Medica*, never fails of garnering a rich harvest, thus enhancing the value of the published volume to every practitioner, whether a member of that body or not. At its recent session, Dr. S. A. Kimball of Boston presented a "Repertory of Gonorrhœa"—which unfortunately thus far has lain bound and silent in the house of the Publication Committee, but will appear, we hope, at no distant date. This paper will endear itself to every practitioner throughout our school who has to deal with this hydra-headed evil. The labor to compile it was enormous; but it was cheerfully given, for the author was borne up by the knowledge that his work would be accepted in the spirit of its compilation, and be of incalculable value to his immediate brethren, as well as form a guide for after-generations. Cannot the Institute infuse this same spirit into its

members? Shall it be understood that the natural order of events has supervened; viz.: that the parent society by reason of years is waxing old and becoming decrepit, that it has ceased to be, what it was in its pristine days, a vigorous youth girded on with the Consciousness of Right, willing and competent to battle strenuously with the adversary; that it will soon be gathered unto its Fathers; while these vigorous offshoots take up the sword and the buckler and are vieing one with the other for the chaplet of victory—which but a few years ago crowned our beloved Institute? The heavens forefend!

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There has been no purpose whatsoever, in what has been written, to be uncharitable, or to exaggerate—no malice prepense. We are not a member of the I. H. A., and have no affiliations with it. Neither have we the honor of fellowship with the Pennsylvania society. But we are a member of the Institute, and proud of its past record; proud of the great work it has done. Its good work must not cease. We ought not—nay, we *must* not be restricted to the past tense in speaking of the Institute. It should be—it *must* be—a sparkling, living Spring of Life to which all may come and drink freely, and drink deeply of homœopathy pure and undefiled. Let us see to it that the reproach of do-nothingism shall be no longer laid at our door. If the rules governing the organization are too primitive, too inflexible, to conform to the spirit of the times, change, adapt, or erase them with unsparing hand.

The accession of large numbers at each annual session is most gratifying, but numerical strength is never a synonym for excellence. Better a few with worth than the many with nothing. If some radical change is not speedily inaugurated in the councils of our beloved Institute, it will take no prophetic vision to see the mythical New Zealander seated on the bridge of some younger society viewing the stately ruins of our past usefulness. For, as an organization of jolly good fellows, it will, doubtlessly, be perpetuated through the vistas of time; but it will be this and nothing more—a flow of soul minus the feast of reason.

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By an easy descent—not exactly from the sublime to the ridiculous—we reach the subject of future places of meeting for the Institute; a subject concerning which the executive committee has recently had much tribulation and vexation of spirit, and one which ought to be settled at Niagara. To us the great point to be held in perpetual view is the “booming” of the Institute—that proximity to the facilities for rapid and complete communication with the world at large which will keep us before the reading public. Our gatherings *per se* are always pleasant; they are occasions for renewing life-long friendships, and of meeting at least once a year the prominent men and women in our ranks. But this is not all, or, if it is, should not be. The Institute should be in a position to send its doings and sayings quickly and fully to the reading masses, as did the International Medical Congress recently.

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The daily press is the power through which alone we can reach the public. Our journals have a distinct mission, but the field is limited.

The telegraph, however, communicates with every household, old school or new, layman or professional. How has the Institute fared in this regard of late? The last session at Saratoga was telegraphed to St. Louis in half a dozen lines, and to other cities similarly or not at all. Inasmuch as our articles for the Institute are not, we believe, all published, and even these not in their entirety, and, when thus published,—months after they are forgotten—reach only the very elect, who do not read them, how better can we keep homœopathy and the Institute before the world than by holding our meetings in some city where the press and telegraphic facilities are of the first order, and where they will take cognizance of our existence? Even so progressive a body as the I. H. A. fell into this error. Instead of meeting in the West last year, as had been voted, and thus ingratiating itself with sympathizers and possible proselytes, its Western president gave way to the Eastern majority, and they met at Long Branch in a season too early for recreation or bathing, and at a point too far from the daily press for reports. What was the result? One of its most enthusiastic members sent a letter to a New York paper, containing a résumé of the proceedings. Only this and nothing more. And after the retiring president reached his home, if any body there knew that he had presided over the destinies of a society in the East, he must have told on himself.

DR. GUS: MY PRECEPTOR.

II.

"**T**ALKING about sactum lactarius," said Dr. Gus—a little verbal figment in which he sometimes indulged, not predicated on anything gone before, nor related to what might follow—"did you ever study physiognomy, Tom? Of course they don't teach it at your college; but they do teach a sight of hogwash that could be advantageously omitted.—It is kind of early for lighting up the base-burner, but it gets to feeling dank and damp on this linoleum oil-cloth, without heat of some kind other than that evolved by the friction of patients' feet. Suppose you push in the tremolo stop—that upper one—and pull out the vox humana. So. Now the air is off the fire and goes up the spout. Burned your fingers? Here," opening a drawer, taking out a vial, uncorking it, and placing a few drops on Tom's fingers, "that'll help. Cantharis 200th. Never mind about the smile. Wait till you are sure of the last innings before you holler "Game." It is not only a pleasing pastime but may often be made profitable—I am speaking now," explained Dr. Gus, as he caught the inquiring look, "neither of cantharis, nor the base-burner, but of physiognomy. A child is instinctively drawn to or repelled from a person. Why? Nobody knows, and what nobody knows is, of course, unknowable. That's almost as lucid as some of Kent's Metaphysical Lectures about the thushness of the ego and the non-ego-ness of the henceforth. You didn't know he lectured on metaphysics? Who? Did I say Kent? Well, it's my mistake and your cigars. I meant Kant—Emanuel Kant, the great German metaphysician. As the child grows older he loses this faculty of intuition—this sixth sense," said Dr. Gus, painfully and slowly enunciating the several con-

sonants in the last two words, "which comes to some people at their birth like David Copperfield's caul, and continues an air-loom ; others outgrow it, as we say in a puzzling infantel case, and ever after apply the square of Reason to their actions. I'm one of the kind, Tom, as free from omens and don't-begin-any-thing-on-Friday superstitions as you will find ; but whenever I do a thing, no matter how benignly Reason nods in approval, if that something-or-other called presentiment says *nay*, I'm like to come to grief. See what's the matter, please," as the electric annunciator tinkled. "I want to gouge a hole into the placenta prævia of this croupy pipe—the nicotine has hardened and occluded the internal os just where the stem fits in."

"I swan it's too bad. Some of the boys' pranks, I suppose," as Tom returned and reported no one there. "I've been one of the boys myself, and so long as they don't bother me when I'm asleep, I don't mind. Oh, dear, no," hastily added Dr. Gus, as a new idea seemed to penetrate him, "I haven't smoked the whole box yet ; but I feel more pipe-wise to-night. I sometimes think I can extract more wisdom, more comfort, out of my old Mizzourah Meersham, with its pseudo-membranous croup and malodorous stem, than I can from the best two-for-a-nick. About physiognomy ? My mind wanders a good deal, doesn't it ? I am getting so old it's beginning to tell on my youthfulness." After a few moments spent in "loading" with long-cut, and scratching a match—"As an instance," lighting the pipe and puffing between the words, "when—I—was—down—East—last summer, attending the two national Societies—for I like to hear both sides and make up my own mind—I saw two heads, with the customary other anatomical appurtenances thereunto belonging in such cases made and provided, which, even in that multitude, attracted me. One was a wee bit of a chappie—a regular Baryta carb. case—dwarfed, below medium height, knock-kneed, stoop-shouldered, thin, and spare ; clothes hung on him like a bag of hickory nuts on a ten-rail fence. What I was looking at, and what fascinated me, was the head ; it had a leetle weazen face, yellow and dried up, a sepia spot over the nose and dark circles around the deep-set, twinkling, gray eyes. No hair on his face ; a heavy growth on head. A low brow and receding. But the forehead, the forehead, that was hardly as wide as my hand, the temples deeply sunk in so that no hand-me-down hat could fit him without a tampon or graduated compress fitted to the sides of the sweat-band. I said to myself, long before he began to talk : 'That man is dwarfed in every part, mind, body, and soul. He can't get on the outside of a noble thought, try hard as he may. He is a narrow-minded, narrow-chested, narrow-complexioned fraud on humanity, a hypocrite and demagogue.' My subsequent dealings with him proved the correctness of my surmise. Is pipe-smoke offensive to you ?" queried Dr. Gus, evidently in an aimless fashion, for his eyes were doing the Mrs. Jellyby act—looking down the vistas of Time into the African strongholds of red flannel night-caps—lost to all surroundings.

"But when I saw—who was he ? Well, Tom, it wouldn't be *oh fay*, as we Italians say in Pay-ree, do you think, to give the devil such a bad name, and then tell that name ? No, I was just pointing a tale or adorning a moral, or t'other end to. Did I say he was a doctor ? If I did—By the great lop-eared hypothenuse ! But that *was* awkward," as

he rose and hurriedly dusted the fire off his vest, tossed the pipe into a cigar box containing other similar wrecks, and mounting a chair took a cigar from a box hidden from view on the top of the book-case. "A cigar, like a lead pencil, or an umbrella, is an Ishmaelite: every man's hand is turned towards it. So I take an extra precaution with mine. But when I saw," repeated Dr. Gus, a little blindly, perhaps, as he blinked and batted his eyes through the cloud of smoke, "that modern Æsculus mounting the platform at Saratoga—*Who* was Æsculus? You'll have to excuse my lapses into the heroics to-night, Tom. I'm a little high string. Had an obstetric picnic on Lucas Place this afternoon; first child, long expected, now found, Holiness to the Lord—and a boy at that; parental joy excessive—little black bottle—and so on. Æsculus—no, this isn't a chestnut—this Æsculus was a poet with such an awfully bald head—you're right, Tom; but there's a good deal of similarity in the sound—don't you think? It *was* Æschylus; perhaps you know the story, too? No? Well, old baldy sat in a grove one sunny day musing as well as thinking; what else he was doing in the grove deponent sayeth not; possibly one thing, but more likely something else. Tennyrite, an eagle flying through the air in company with a tortoise, having failed of entering his prey with the usual combinations, beholding old Æschy's shining pate far below, mistook it for a rock and dropped the tortoise on it to break it. And did. Leastwise so the crowner's quest reported next morning; 'peaceful even in death,' as the *Agamemnon Evening Paragrapher* put it."

"But this won't do, Tom. We'll never get to the bottom of this deck," removing the elastic from the *Materia Medica* cards, and "facing" them. Then laying aside his gone-out cigar, half shame-faced, and musingly, he queried: "How'd I come to ring the Christmas Carols on Æsky? True enough. Better finish it, then. When I saw this modern Æschylus (not an Æsculus—he's altogether too youthful for that) with his gleaming, glistening, glowing baldness mount the platform at Saratoga to nominate my warmest friend Dr. Cowperthwaite for president—" the doctor paused to take a new breath—"when I surveyed his portly presence, took note of the poetical disarray of that rind of back hair, saw the merry twinkle of his eye, the heightened color of his beaming countenance, listened to his resonant voice, full, clear, and distinct to the furthestmost verge of even that Saratoga hall, with its wretched ac-cow-stick properties"—Dr. Gus was evidently getting warmed up—"I said to myself, says I—'Would heaven had made me such a man.' *There* was the opposite of the Baryta carb. case. No need to talk to him to make sure of *my* diagnosis. Everybody knows him; children cry for him. You see him once and that settles it. Now, do you suppose, Tom," added Dr. Gus, wheeling about suddenly, bringing his hand down to the arm of his chair with unusual vehemence, and excitedly kicking the cuspadore under the desk—"do you believe any sane man would stand up in the presence of these two heads and contend that *all* men are made in God's image; all born free and equal with certain inalienable rights, and all those inspiring rhetorical fire-crackers that we used to explode at the school exhibitions, toes turned out, hair so highly greased and burnished it would endanger a fly's neck, little finger on the seam of the pants—do you?" The fever had

reached its height. After this explosion the doctor seemed flattened out—much as if an hysterical uterus had been suddenly collapsed by a few whiffs of chloroform. “But, Tom, what *is* the matter with us to-night? Instead of reviewing our *Materia Medica* we have drifted into predestination. Let’s wade out. Whenever you mix medicine and religion—on the principle of mixing two dissimilar medicines in one glass, you have a mixture that is unsafe because never proved, and one that has thus far eluded the grasp of our most profound students; yea, even the chemical and pathological annex hanging on the outskirts of the big tent—Homœopathy. Dey don’t agree mit one annudder.”

“As to refinement in language,” presently interpolated my good friend and teacher, as the physiological and metaphysical image which he had conjured from the depths of his inner consciousness had been laid, and the pipe again filled and lighted—“as to refinement in language and chasteness of thought, I permit no man to excel me. There are those in our own ranks who are so finical that they affect to discredit all speech that fails to deal with many-syllabled, unpronounceable words. They pretend to believe that an argument can not be conclusive except it follow the major and minor premises—the syllogism, I believe—of logic; that a truth can not be told unless it be first squared by the rules of the schoolmaster as laid down in Lindley Murray. See here what that charming writer and excellent physician, C. G. Raue says:—I happened to be looking up something in this book this afternoon,” said Dr. Gus, shifting his pipe to the corner of his mouth, as he took up the 1885 volume of the *Pennsylvania Transactions*, which lay open, faced downward on the desk. “Come to look at it closer, Hahnemann himself said it; but the credit of bringing it forward belongs to the genius and energy of Raue just the same. [Reading] ‘Then we have only to assume a dignified mode of carrying the head, speak in a tenor voice, so as to inspire respect, give great importance to the movements of the first three fingers of the right hand in writing a prescription, and present a certain authoritative something in the attitudes of the body, in order to be able to exercise perfectly, in all its details, the golden art of the *savoir faire* of the routine physician. Of course, the smallest details of the attire, of the equipage, of the furniture, and of the array of servants, must all be in harmonious keeping.’”

“Hahnemann, you understand, is ridiculing the routine old school physician; but are we sure that our own garments are unscorched of the flame? I respect neatness of attire; if a physician cares to adorn his person with jewelry, that is his concern; if he thinks he will look better with his ambrosial locks worn thick and tossed backward leonine-like—or generously greased, perfumed, and curled like an Assyrian bull; or that he will appear more intellectual if his beard be grown long, and confined at night in a beauty mask, as *Hudibras* somewhere says was the custom in his day—why, all well and good; I accord him that privilege. He may even think himself the Big I, and relegate me to the little *u*—all this,” said the Doctor, stopping to take breath, thus breaking one of the longest phrases I had ever heard him speak—“all this he may do; but he’s got to keep to his side of the tater patch. There are still a

few people in the world who are prone to be deceived by a dazzling exterior, by a glib tongue ; but the great majority penetrate the flimsy pretense.

" I know, from an experience of over fifty years, among all classes of people, in this country and in others "—and I remembered that Dr. Gus had run away from home, and served before the mast a number of years—" I know that the language of directness, of common sense, even if awkwardly or ungrammatically expressed, yea, oftentimes interlarded with bits of slang, carries with it more of human nature, more real, true friendship, more genuine, heartfelt sympathy, than all the grandiloquent phrases that were ever coined and uttered by the most diarrhœic of rhetorical jawsmiths from Hippocrates to Hahnemann, and from Hahnemann to Helmut." So saying, and by way of climax, he threw down the innocent Transactions with a vehemence that re-echoed through the room. Some thing or some one had " riled " my honest-hearted, soft-handed, long-headed Precep. Not being prepared to contest his position, I was fain to keep silent until the rebound of calmness came to his troubled spirit. I knew his innate gentleness, his genuine goodness, even though he used slang and Westernisms, smoked a cob pipe, and, in the privacy of our communion, spat on the stove, if he so chose to do, or made a Leyden jar of his nose and a prime conductor of thumb and forefinger ; nay, the dear old soul, even descended to the unheard-of social solecism of sitting in shirt-sleeves on warm nights, when no patients were present, or when he amused his intimates with his experiences, or " waxed " it to Sugarsander on chess ; cards he never touched. I knew, although his wrath was honest, it would be short-lived. " I really don't understand why I should get mad about such a trifle," he said, as he picked up the Transactions and replaced it on the shelf, " but I had a letter this afternoon from a former student of mine, who edits a journal, telling me some of the difficulties which beset his path. Jones won't contribute if that mongrel Tompkins contributes any more such rot. Peter objects to Paul. Paul gets mad about Joseph. Joseph says, ' No more such truck for to grace our table.' The burden seems to be the ' Westernisms.' ' Westernisms,' forsooth ! as if *that* were a disgrace—just as if the language of the Great West did not practically govern the spoken language of the United States. All these complainants, as every editor knows, never contribute a line worth reading a second time. They would rather go to sleep over a text-book essay, containing about as much succulence as a two-year-old Patent Office Report."

" '*Paugh!* An ounce of civet, good master apothecary,' as Bacon-Shakespeare has it—if he ever had it—if Ignatius Donnelly didn't do it all with his cipher. I am loaded to-night, Tom," said Dr. Gus, as he noticed my questioning expression, " and, like the woman who had smashed her finger with a tack-hammer, I have got to say something or ' bust.' Now, I admire Macaulay's beautiful word pictures ; but I regard still more the monosyllabic speeches of John Bright. I like the finished oratory of Ingersoll, of Talmage, and the silver tongue of Wendell Phillips ; but in my innermost heart I worship the plainness of Lincoln, of Grant—the country cross-roads dominie, who preaches because he loves his work—and, over and above all these, I remember the plain, every-

day, ordinary, albeit ungrammatical talks of my dear sainted mother." Unbidden a bit of moisture glistened in the inner canthi of either eye, and I knew that the fury of the storm was spent. "They may stop their subscription," he added, by way of a postscript, "but that never yet stifled a truth." The irritation from the student's letter was evidently gone, for as my preceptor reached for his pipe his eye was attracted by some memorandum on the slate, which he forthwith drew towards him and eyed with a sidelong glance as the smoke rose in dense volumes from his pipe.

"Some one has said," he remarked, after depositing the burnt-out match carefully in the cuspadore and resuming his equilibrium, "that a *rogue* who is open to satire is still within the province of reform. I can't always place my finger on the exact book and page where my quotations may be found, like a recent contribution in the Nameless Journal, as the *Medical Era* cleverly calls the New York *Medical Times*—which was so filled with quotations, and author's names in parentheses, that it read like a school-girl's essay, evolved from a convenient encyclopedia or a dictionary of quotations. I've added so many subjunctive clauses to the original proposition that I can't find my way out. However, I started to say something about satire," as his eye alighted on the memo. once more. "A peculiar abuse has crept into the books nowadays furnished the profession. Take this work on Gynæcology," handing me a large and costly volume from a revolving book-stand at his elbow, also a volume on surgery. "Now, examine the illustrations." I did as directed, though rather aimlessly, not really understanding what I was expected to find. "Do you observe," he came to my relief, "how almost every cut is marred by the name of some enterprising instrument-maker blown into the forehead or back of the figure represented as wearing the surgical appliance treated of? It makes me irritable every time I witness this vandalism—if that's the right word. I was on the point of sending to my former student what I considered a satire, a palpable hit, on this abuse. Here is what I had thought of," as he rescued from the waste-basket a piece of crumpled paper, flattened it out and read :

"THE SURGICAL INSTRUMENT-MAKERS' GYNÆCOLOGICAL SURGERY (with Copious Annotations, and Notes Explanatory of the Cuts of the Various Surgical and other Appliances sold by THE SURGICAL INSTRUMENT MAKERS' CO.), by A. Lyttel Hardupp, A.M., M.D., F.R.X., Ph.D., OetA., &c., Professor of Various Things in Big Paunch Lying-In Institute; Lecturer on Cimex Lectarialis at Utah Soldiers' Home; Chief-of-Staff of Inebriate House; Member of Americus Institution; also of Posey Co. Med. Society; Honorary Member of the Colorado Society for the Extermination of Blatta; Corresponding Member of other Learned Bodies at Home and Abroad, &c., &c., &c."

"Do you think this would be too 'stiff' for publication—yes, sir, that's my name," as a small boy walked in *sans ceremonie*, cap on, muffled up in a huge woollen "comfort," muddy shoes and sloppy pants, and propounded the query which changed the course of our conversation: "Maw wants you to come and see Jennie; she's took awful with cramps to her stomick." In less than five minutes we three were on our way to Maw and Jennie.

RHEUMATISM.*

E. B. Nash M. D.

ROBERTS says that the immediate pathological cause of rheumatic fever is the presence in the blood of a morbid material generated within the system in consequence of some derangement of the nutritive and eliminating processes, and that this is believed to consist of lactic acid. But it is doubtful if this acid can be detected in the blood. My own belief is that we do not know what the cause is, and that it would be more honest to say so.

The ordinary exciting cause is, we know, exposure to wet and cold, one or both together. Errors in diet or suppression of menses are sometimes followed with the development of rheumatism.

It sometimes follows after scarlatina.

It seems to be hereditary.

Climate and season have considerable influence, changeable climate being the worst.

Injury or straining of a joint or joints may develop it in persons predisposed to it.

Symptoms of Acute Variety.—After exposure to cold, and cold and damp conjoined, the patient is seized with chill or rigor, more or less severe, followed by fever, and after a time, longer or shorter, some joint, becomes painful, with redness, swelling, heat, and extreme tenderness. There is febrile excitement, pulse rapid and hard, skin dry and hot, or may be bathed in profuse sour or acid-smelling sweat, which, however, often gives no relief. Tongue coated, appetite gone, but thirst generally increased (not always), bowels constipated, urine usually scanty and dark-colored, sometimes smelling badly, and sometimes clear; at other times there are copious deposits.

The inflammation is seldom confined to one joint; but unless arrested by appropriate treatment, and especially if treated with scattering or so-called discutient local applications, travels from joint to joint, until it extends all over the body. In traveling from one joint to another it frequently leaves the one first attacked entirely when it attacks the second; sometimes not. It sometimes attacks the feet and ankles and travels upward; at other times it begins above and travels downward.

It sometimes goes cross-wise; first one ankle, then the other; one knee then the other; or even changing on every other day from one to the other and back again.

* Extract from a lecture prepared for the Homœopathic Medical College of Missouri, 1886.

Unless interfered with by treatment its duration may be from one to four or six weeks, and then run into the sub-acute variety or get well.

If under appropriate treatment the disease is overcome, or if treatment has had no influence upon it and it has spent its force, the inflammatory symptoms, both constitutional and local, subside and a return of health takes place. Oftener, however, even if the recovery is complete so far as the constitutional symptoms are concerned, the patient is liable to suffer more or less from pain and soreness in the affected joints, especially in a change of weather to damp and cold. In my experience under strictly homœopathic treatment, heart complications, or rather an extension of the disease to the heart, rarely occurs. It sometime will, however, but so far with me has been entirely amenable to treatment, and I have never had a patient left with valvular disease that was discoverable. I have seen many cases, on the other hand, that have suffered from rheumatism of the heart when treated by local applications to the diseased joints ; and I believe that a large proportion of valvular disease of the heart is caused by such treatment.

When the heart is attacked the patient usually suffers pain and a sensation of tightness in the chest in the region of the heart. The pain is sometimes not so great, but rather a sensation of discomfort, with more or less dyspnœa.

The stethoscope reveals friction or rubbing sounds, and if the trouble continues unrelieved, of course on account of effused fluid, the heart-sounds are weakened, and percussion sounds are dull in proportion to the amount of fluid. This is, of course, in pericarditis. If the endocardium is implicated the heart-sounds are altered so that we get systolic or diastolic murmurs. These sounds are due in the first place (in pericarditis) to the pouring out of lymph and serum upon the surface of the pericardium ; the latter (endocarditis) upon the secretion of plastic lymph or fibrinous coagula upon the valves of the heart. When the cardiac substance is involved, there is great irregularity and extreme feebleness of the action of the heart, which may lead to sudden and fatal collapse.

The pleura may be attacked, and resembles acute pleurisy. In short, it may attack any serous membrane in the body—peritoneum, meninges, etc.

This is about the course of acute articular rheumatism, but, like all other diseases, it is found to present symptoms not laid down in the books in many cases.

In the sub-acute variety which generally follows the acute, it seems to me that it bears about the same relation to the acute that the distant mutterings of the thunder, and occasional flashes of the lightning, and the continued lowering clouds do to the terrible storm that has just passed. We are liable to have less violent storms right along for a

while after the big storm. The dry weather is over. The symptoms are similar to those of the acute attack, but less violent. The most trifling exposure may bring on an attack. I think this is all that is necessary to say in this connection.

There are a number of other subdivisions of this subject, but they are, in the main, simple deviations, greater or less, from what has already been said, and can be read up in the many text-books. In passing I will give a few moments' attention to rheumatic arthritis and then pass on to the therapeutics. This is a form of inflammation of the joints accompanied with but little febrile disturbance and distinguished from gout and rheumatism by its progressive character, by the peculiar morbid changes which it induces, and by the absence of any known morbid state of the blood. It is a chronic disease, with rare exceptions. In the *chronic* variety a single joint is generally attacked. It swells and is tender; not much fever generally; after a little rest or treatment, the swelling and pain subside, and it is thought to be all over, but in a short time the disease attacks another joint, or even the same one. After two or three attacks, the capsular ligament becomes greatly thickened, irregular proliferations forming, while the formerly increased synovia is much diminished. The disease, if unchecked, travels over the whole body, attacking every joint, which becomes greatly enlarged, deformed, and distorted. The ligaments contract, drawing the fingers into the most grotesque shapes, also the lower limbs in every joint. Even the ligament of the cervical vertebræ and the neck is drawn and fixed to one side or the other; and this goes on, if uninterfered with, until the patient is drawn all out of shape and rendered so helpless that he can neither move nor even feed himself. As a rule the hands become crippled before the lower extremities. There is no trace of any deposit of urate of soda, such as is found in gout, in the enlarged joints.

The marked structural changes and deformities distinguish this disease from the ordinary chronic rheumatism. Rheumatoid arthritis is not considered hereditary. Gout is. Attacks both men and women, but women oftenest, and it may occur at any age.

THERAPEUTICS.

"I have (says Raue) preferred to annex the necessary hints to the end of the chapter on the different forms of rheumatism, because it is not the pathological form that indicates the special remedy; any one remedy may be indicated in either form; but it is the peculiarity of the individual case which points out the corresponding remedy;" and, now, as we shall have to say something about heart troubles while giving these indications, and have already said something about them in the description of rheumatism, we will again quote Raue. After giving a description of the different valvular diseases of the heart he says:

"The *treatment* of all these different valvular affections has to be adapted to each single case, and it is not the diseased valve which points to any particular remedy, but the individual symptoms, by which the whole morbid process manifests itself."

These truths may be applied to homœopathic practice generally.

Aconite is a capital remedy in the beginning of acute articular rheumatism, and is indicated when the attack has been brought on by exposure to dry cold air, when there is synochal fever and restlessness, great thirst, dry hot skin, scanty, red urine, stitching pains in the chest, hindering respiration, great agitation of the heart, with anxiety. The affected joint is hot, pale, or red, and swollen; does not want it to be touched or covered. The patient makes bitter complaints and loud outcries, with weeping and despairing outcries, tossed about in agony. This remedy will accomplish wonders when these symptoms are present, and they are generally found in the beginning of the disease.

Byronia—If the swelling is not confined to the joints, but faint red streaks run out in different directions. The patient is still restless, but the least movement aggravates fearfully. There is loss of appetite, white tongue, generally great thirst for large quantities of cold water; exceptionally no thirst at all; constipation, stools hard and dry, as if burned; pleuritic stitches and difficult breathing, fever, or sour sweats. Irritable and easily angered. This remedy may be used when these symptoms present in either the acute or chronic variety. It is often found especially efficacious in pleurodynia, omodynia, lumbago, and in muscular rheumatism in general.

Rhus tox.—When rheumatism seems to have been brought on by getting wet when overheated or sweating, or by exposure to wet, damp, or rainy weather, by bathing or straining. There are drawing and tearing pains in the fibrous tissues, joints, or sheaths of nerves, feeling of lameness or formication, with or without redness and swelling. It is better from continued motion, dry, warm weather, and warm applications, worse at rest and on beginning to move, and in wet cold weather. *Rhus* is oftenest used in chronic forms of rheumatism of any variety.

Dulcamara, *Pulsatilla*, *Nux mos.*, *Rhodo.* and *Veratrum alb.* are also remedies that rank with *rhus* for rheumatism that comes on from getting wet or in damp, cold weather.

Dulcamara comes in more particularly when the weather suddenly changes to damp and cold, or it gets worse on any little exposure to cold, or change of temperature to cold, also when rheumatism follows the suppression of a cutaneous eruption, or when chronic forms alternate with diarrhœa (also abrotanum), when after a cold the neck is stiff, back painful, loins lame.

Pulsatilla—If brought on particularly by getting the feet wet, or from protracted wet weather. It is pre-eminently indicated if the disease

travels from joint to joint until all the joints are involved. There is generally redness (pale or rose-colored), swelling, and extreme sensitiveness to jars ; loss of appetite, bad taste, coated tongue, little or no thirst ; likes all his food cold ; chilliness with the pains ; generally worse in evening and night and warm room, better moving moderately, in the fresh air and uncovering the parts.

Veratrum alb.—Rheumatic pains, renewed by damp cold weather ; electric jerks in the affected parts ; sometimes delirious from violence of the pain. Worse from heat of the bed, better from rising and walking about.

Rhododendron like *rhus* is worse at night, in wet, stormy weather, but especially on the approach of a storm ; the pains feel as if in the bones (periosteum), most in fore-arms and legs ; pains move downward even to fingers and toes.

Nux moschata has muscular rheumatism from protracted exposure to cold and damp. Pains are worse from cold damp air and cold wet clothes ; better from warmth.

Remember these are the wet-weather remedies. There are others, but these are the leading ones.

Calcareo carb. sometimes comes in where *rhus* fails. Lilienthal says it is "almost a specific for cases contracted by working in the water or a long continuance of it." It is also very valuable in chronic arthritis with swelling of the joints, worse at every change of the weather. Omodynia in right shoulder, or from left shoulder down left arm toward the heart. Lumbago ; cold feeling in various points, as gluteal region ; on the top of head ; cold feet, etc. ; crackling and crepitation of the joints.

Calcareo phos.—Every cold causes rheumatic pains in the joints and various parts of the body. Pertains to cold weather ; gets well in the spring, and returns in the fall. Affects especially those places where bones are joined by symphyses or sutures.

Berberis—Arthritic and rheumatic troubles, urinary, hemorrhoidal, or menstrual complaints ; pains in the thighs or across back, lumbar region. Lumbago worse in changes of weather ; mostly before heavy winds. (It will be remembered that *acon.*, *bry.*, and *caust.* are worse in cold dry air.)

In trying to get such an understanding of the remedies for rheumatism as to retain enough of their action in the memory to make them readily available at the bed-side, the two things of prime importance are the location of the trouble and the modalities. I will as far as possible keep this in view in giving indications for the rest of the remedies ; and while it is of course impossible to memorize the whole *Materia Medica*, yet a practitioner who had not the characteristic symptoms of our remedies at command would present a sorry spectacle at the bed-side.

The first hard work of the student of homœopathy is to memorize the characteristics. He will even then have had enough work and studying to do in practice if he ever excels as a prescriber.

Chamomilla should be thought of in those very painful forms of rheumatism which aconite does not relieve, and in which the allopathic-homœopath would consider a dose of morphia an absolute necessity, excessive sensitiveness to pains ; cannot stand them. Cross, spiteful ; can't answer civilly. Location : upper and lower limbs ; drawing pains in the muscles ; joints sore as if bruised and worn out, no power in hands or feet ; wants to move the parts continually (rhus), which are numb and partially parietic. Pains in the periosteum (rhod., phyto.) with paralytic weakness ; hot perspiration, especially about the head ; one cheek red and hot, the other pale and cold. Agg. at night. This remedy, with coffea and aconite, forms a train of remedies for the relief of those very painful cases that is invaluable. Coffea, although not mentioned in the works, has served me well in those cases where the patients were almost beside themselves with the pain, which seemed insupportable and driving them to despair. All the senses are fearfully acute ; great nervous agitation and restlessness. It follows aconite or precedes chamomilla well.

Colchicum I have never seen do much good in rheumatism. Dunham says : "If we look at the symptoms produced by colchicum we find the rheumatic or gouty symptoms characterized by a debility, a paralytic weakness, very suggestive of an asthenic type of the disease. The fact that allopathic doses of colchicum have a tendency to turn the active into the asthenic form of the disease furnishes additional evidence of this mode of action of the remedy."

Now it is in precisely this form of asthenic sub-acute disease that colchicum is truly indicated and does real service. But what of the danger of reducing the patient ? None whatever, provided we give doses so small as not to produce physiological effects, etc. These doses, however, must be very small, and, noted as homœopaths are for giving small doses, many of that school err in these cases in giving doses too large. I do not think it safe to give, in a well marked colchicum case, a larger dose than the 15th potency. It acts markedly on periosteum and synovial membranes of the joints, especially small joints ; the swelling is generally moderate ; pale, red color ; burning, tearing, or jerking pains ; shifting ; chilliness intermingled with short flushes of heat ; dry skin or short-lasting, sudden, and profuse sweats ; gastric symptoms : nausea at the smell of cooking meat or food ; especially indicated for those acute cases which merge into chronic, or acute attacks in chronic cases. Also in metastasis to the heart. Acid sweat and urine. Pains are worse from evening till morning.

(To be continued.)

AFFECTIONS AND SYMPTOMS THAT INDICATE "MURE."

BY J. LIVOR.

DEPRESSION of spirit ; despondency ; a discouraged feeling ; a disposition to be alone ; tired of life.

Too weak for physical exercise.

Too weak to look at or listen to any thing.

Unable to think.

The brain is so fatigued that he cannot keep his eyes open or think of any thing.

To think makes him dizzy and confuses him.

A full feeling in the head, as of a cold.

A full and heavy feeling in the head, as of a pressure of blood.

A stitching, tearing, darting pain in the head, extending down the face and neck.

A sharp, aching pain in the head and on the top thereof, with chilliness and often with nausea.

The brain feels sore, bruised, and contracted.

A violent pain in the head, with great heat all over.

Pain in the back part of the head and neck ; it becomes almost intolerable near and behind the right ear.

His neck is so weak that he cannot hold his head upright.

The neck is stiff ; to move it is painful.

Chills and fever, intermittent fevers of any form, or other ailments having periodicity.

MURE is eminently adapted to all forms of intermittent fevers.

Flushes of heat, night sweats, inclination to sweats.

Violent face-ache, with darting, shooting, and tearing pains.

Violent ear-ache, extending up the temple, down the jaw, and into the teeth.

His whole body feels as having been pounded ; he is very weak and weary ; he feels chilly, has fever, headache, sore throat, and cough.

Shooting, darting, or tearing pains in different parts of the body.

Pains wandering about.

Great pain, weakness, or heaviness in the arms, wrists, hands, legs, hips, knees, ankles, feet, toes, and joints.

Numbness of the arms, hands, legs, and feet.

The fingers are unwieldy ; they are weak and stiff.

Great pain in the shoulder, shoulder-blade, and arm.

Pain in the small of the back ; he can neither bend forward nor straighten himself up.

Excruciating pain in the back from hip to hip ; he cannot move himself or be moved without great agony.

The most excruciating pain in the hip, darting down the leg at every move and breath.

A feeling of fullness in the stomach, with great pressure and loss of appetite.

Nausea and vomiting before or after eating.

The stomach feels relaxed.

A weak and empty feeling in the pit of the stomach.

A violent pain with great pressure in the chest ; to get ease, he must bend himself forward.

Palpitation of and stitches about the heart.

An uncomfortable fullness in the heart, with shortness of breath.

He wheezes and labors at breathing.

He has a cough, apparently caused by an irritation of the stomach.

Distention of the abdomen, with loud rumbling.

Violent and frequent emission of flatulence.

A soreness deep in the right side of the upper part of the abdomen, below and beneath the lower ribs, with a feeling of constriction, and sometimes a fullness and heaviness in that part.

Very sharp pains in the abdomen.

Pain and pressure low down in the abdomen, as if the menses were about coming on.

A full and heavy feeling in the uterus.

Before and with the appearance of the menses there is a pain in the head and other parts of the body.

Tardy, feeble, and watery menses.

Suppression of menses.

Inflammation and soreness of the urethra.

A sensation of fullness in the urethra.

A burning sensation in the urethra.

An almost intolerable burning sensation in the urethra during and after emission of urine.

Retention of urine, with pain.

Great urging to urinate, dribbling urine, with straining and pain.

44 EAST 31ST ST., NEW YORK.

—"Diseases of the Female Mammary Glands. By Th. Billroth, M.D."—*Advance*.

"*Female Mammary Glands*."—Oh yes, to be sure : there *was* an Icelander once, suddenly widowed, with an infant on hand and no female mammary gland in the house, who in desperation placed the infant to his own breast, and, *mirabile dictu* ! it worked—doubtlessly because of the sympathy existing between the uterus, or, rather, between the something-or-other and the milk-iferous ducts, so that the—but we are getting beyond our depth.

CONTINUED FEVERS.

W. Irving Thayer, M.D.

FROM thirty to fifty years ago, it was common to speak of all fevers that had a period of pyrexia varying from three to five weeks as "continued fever." Such an appellative is now confined to typhus, typhoid, and relapsing fever.

Typhoid fever, which is the more common in the United States, is a continued and belongs to the class of eruptive fevers. It is an ataxic fever in a marked degree, which is a point of the highest importance—ataxic in the ever-changing pathological symptoms. It is an adynamic fever of marked degree, that requires most careful consideration.

An adynamic fever ! Bear this in mind. So is typhus, relapsing fever, and many others.

Do any remember that aphorism, "Starve a fever and stuff a cold" ? How is it to-day ? How should it be ?

It is not my purpose to give a general description of any of these continued fevers, but we may mention some points of typhoid, and make an important application that will cover all adynamic fevers.

As touching the ætiology of typhoid fever, one can say this is the cause, another claim that it may be, and undoubtedly is, from decaying vegetable and animal matter, even accepting some specific microbe, as the typhoid bacillus of Erb, whom M. Rodet found in a sediment of drinking water, in a place that had suffered severely from typhoid fever, to be identical to some mounts prepared by himself from the mesenteric ganglion of one of the diseased patients. All of these typhoid bacilli of Erb—so-called—were present in great quantities in this drinking water, and they were identical to the bacilli that he found on his microscopic slides which he prepared from the gut and mesenteric glands of these typhoid patients, which goes far to prove that the specific poison of typhoid is in very truth a "specific" something ; and who can say that it is not the bacilli typhoid ?

We care not what the cause is, only so far as it will enable us to avoid it.

What we want is to know how to cure adynamic fevers.

When it is said to a true physician, "Study your symptoms," a sermon has been preached unto him, and a gospel, full of meaning, an intelligent something to grasp, a pabulum full of salvation !

Is this a progressive age ? It is eminently so, in a medical sense, but the writer is not prepared to accept all that is asserted of the microbe theories.

PREVENTIVE TREATMENT.

In typhoid fever, it is of the highest importance to remove all the dejections of the patient. To use rubber sheet protections to protect the mattress and lower bed. Soiled clothes and bedclothes should be immediately removed and soaked in carbolic acid water, one part carbolic acid to eighty of water, washed and boiled thoroughly.

Drinking water ought to be boiled. House drains should be carefully examined, water supply investigated. All the dejections from the patient should be buried very deeply, and so far from the house as to thoroughly protect all water supplies.

If water closets are used, thoroughly disinfect.

VENTILATION.

The temperature of the sick room should not exceed 70° F. with plenty of fresh air from out of doors. Typhoid patients cannot take cold easily. Fresh air and food to support, are prime, absolute necessities for the curative treatment of the patient.

Rest in bed! A quiet mind! Cleanliness and food supply for the patient are adjuncts of the highest importance. Rigidly exclude visitors. Tattling, whispering visitors!

The entire body ought to be sponged in tepid water from once to twice each twenty-four hours.

But one of the chief factors to carry any fever patient safely through the crisis, is to prevent the adynamic condition as much as possible by early and continued supporting treatment.

FOOD.

I doubt not but many, very many patients sink and die during protracted diseases, largely, and in certain cases, because they have not been fully, or even partly supported, in their tissue-wasting disease. Burnt up, consumed! Unsupported!

Nichol says: "The proper nourishment of the patient is of the highest importance!" Trousseau, a great authority, looks upon the dietetic handling of typhoid and continued fevers, as the chief feature in their treatment. Who can question its importance? Few! None! We trust.

Many a patient has been starved to death on beef-tea and milk. The quantity may have been liberal; quality fair; but the patient could not digest them. Most of the liquid foods are a shadow, a delusion doubly diluted! Coagulated casein from cow's milk is a very refractory substance for an enfeebled stomach to dispose of, so are the undigested products of beef-tea, so-called.

Dr. P. P. Wells informed the writer that he was called in consultation to see a typhoid case, where the wise physician had supported the poor

enfeebled patient by cracking Brazilian nuts and pouring boiling water upon the meats and giving said water to the patient. What a support ! How could a patient live, when being starved to death ?

Prof. Austin Flint says: "Alimentation is an essential factor in therapeutics, as applied to acute and chronic diseases. . . . When disease destroys life by slow asthenia or exhaustion, it is chiefly from innutrition."

Graves acknowledges his indebtedness to a country doctor for his plan of "feeding fevers," who said "that he seldom lost patients with fevers, provided they were not allowed to die of starvation !"

What is true of fevers in regard to the importance of a sustaining diet is true of all diseases that kill by slow asthenia. Those who have read this journal for the past few months know something of the importance of supplying the petrous tissues.

Prof. Flint says: "With regard to meats, a common error, productive of a vast deal of harm, is to consider their nutritive value fairly represented by either infusions or juices obtained by pressure. The valuation of beef-tea, its analogues, most of the extracts, and the expressed juice of meat, is a delusion, a snare which has led to the loss of many lives by starvation. The quantity of nutriment in such preparations is *nil* ! Water and pressure fail to extract the alimentary principles from meat. Hence beef-tea has been compared to urine. A German experimenter declared that he produced fatal toxæmia in dogs by feeding them with this popular article of diet."

Thus we have the opinions of leading men in both dominant schools of the necessity of a supporting treatment to combat asthenia ; nor would one's wise judgment, and moderate reasoning, teach less pointedly.

To me it has been one of the most difficult problems to solve. How can I feed my patient so as to sustain them well, and give them a food supply that I know they can digest ? Many and many are the cases I have found that must have their food partly or wholly digested for them.

Some few months ago I learned that the Government Chemist, at Washington, D. C., was engaged in analyzing all the principal concentrated foods for the use of this Government. He found that the Beef Peptonoids made by Reed & Carnrick, of New York, were far more nutritious than any preparation he examined, and upon this information I determined to prove their ability to appease hunger, provide for tissue waste, and support normal and alimentary function in a strong and healthy man. This is the result.

PROVING.

I commenced my test with their powdered form of Beef Peptonoids, as they contain a larger per cent. of nutrient matter. A point I wish to

call attention to, is, that so far as I am able to determine, in the experiment given below, I have taken one-third less alimentary matter than I daily receive when enjoying the pleasures of the table.

Nov. 23d, 1887.—Weight, 182 lbs ; specific gravity of urine, 1012 ; age, 52 ; health has been good for years ; bowels move from two to three times a day ; never have taken alcoholic stimulants ; use tobacco.

Nov. 23d.—First day, 8 A.M. ; pulse, 80 ; temperature, 98° F. ; took two teaspoonfuls of powdered B. P. dissolved in half cup of hot water.

1 P. M.—Took two teaspoonfuls of Powdered B. P. in hot water ; felt well satisfied until 5:30 P.M., when I felt a little faint and took two teaspoonfuls more of the food ; walked two miles ; urine S. G. 1012. At 8 P. M. felt very faint and took three teaspoonfuls more, which satisfied hunger.

Nov. 24th.—Thanksgiving ; stopped B. F. and enjoyed turkey and other good things suitable for that occasion.

Nov. 25th.—Second day. 7:30 A.M. ; took five teaspoonfuls of P. B. P. moistened with two teaspoonfuls of R. & C.'s *liquid* peptonoid and cup of hot water.

At 12 M. felt the need of food and took—here we change to table-spoons—three tablespoonfuls of P. B. P. For first hour after food I notice that the salivary glands, especially the parotid, secrete more saliva. Noticed, but forgot to mention, same occurrence day before yesterday.

4:30 P.M.—Felt the need of food ; took two teaspoonfuls of P. B. P. ; at 6:30 o'clock two tablespoonfuls ; walked this afternoon, to test strength, three miles and two in the evening ; hunger perfectly satisfied at 9 P.M. ; bowels moved 7:30 and 10 A.M.

Nov. 26.—Third day. A good night's rest ; bowels moved at 7:30 A.M. ; constipated, stool abundant, but hard to expel ; this is a remarkable effect of the food, as the prover's movements are normally papescent.

7:45 O'CLOCK, A.M.—Took two tablespoonfuls of P. B. P. in half cup cold milk ; drank one cup of coffee ; bowels moved at 11:30 A.M. ; constipated ; urine normal in quantity ; specific gravity, 1015. At 12 M.—do not feel hungry or faint. 1:30 P. M.—Took two tablespoonfuls of P. B. P. mixed up in cup of cold water. 2:30 P.M.—Walked two miles ; urine S. G. 1020, cold. 6:30 P.M.—Three tablespoonfuls of P. B. P., wet up with two tablespoonfuls of liquid P. and one cup of cold milk. 10 P.M.—Ate an apple.

November 27th.—Fourth day. Sleep refreshing. 8:30 A.M.—Bowels move ; papescent. 9:30.—Two tablespoonfuls P. B. P. wet up in half cup of milk ; took one cup of coffee. 10:30 A.M.—Bowels move for second time ; urine passed yesterday examined to-day, S. G. 1025 ; tests

showed no albumen ; urine passed at 1 P.M. showed while warm S. G. of 1012.

1:30 P.M.—Two tablespoonfuls P. B. P. in half cup of iced milk ; stomach feels perfectly satisfied at 3 P.M. 5 P.M.—Have walked three miles ; urine passed at 3 P.M. ; has now a S. G. of 1020 ; temperature at 5 P.M. surprises me, being 99° F. ; pulse, 90 ; feel perfectly well and no hunger.

6 P.M.—Two tablespoonfuls P. B. P. wet in half cup of ice-water and half cup of milk ; drank tumbler of ice-water. 9 P.M.—Pulse 82, temperature 98° ; have walked one-and-half miles ; not hungry ; urine warm, 1020 ; the same secretion nine hours old, cold, S. G. 1025.

Nov. 28th.—Fifth day. Pulse before arising from bed 74 ; temperature at 8 A. M. 98.75° ; respiration, 14.

8:30 A.M.—Two tablespoonfuls P. B. P. in half tumbler of ice-water, same of milk. Feel strong and well nourished. 8:30 A.M.—Bowels move naturally ; weight at 11 A.M., 181 lbs.

Here it should be remembered that I am not taking the same full amount of nourishment that I take at table. At least one-third less, yet I am perfectly well, having no sense of hunger.

At 12 M.—Two tablespoonfuls of P. B. P. wet up in a half tumbler of ice-water, and half cup cold milk ; temperature, 98.75° ; pulse, 112. These observations are accurate. At 1 P.M.—Pulse is 116, full, strong and regular ; Temperature, 99° ; have been writing for past hour ; walked two miles between 10:30 and 11:30 A.M.

4:30 P.M.—Have been out two hours in rain-storm ; temperature, 98.25° ; Pulse, 90 ; after taking temperature and pulse, took two tablespoonfuls of P. B. P. in ice-water ; drank a tumbler of ice-water ; the parotid, sub-maxillary and sub-lingual glands pour out an increased amount of saliva each time I partake of the food ; they flow profusely at 4:45 o'clock ; parotid glands are especially active.

6:30 P.M.—Temperature, 98.50° ; pulse 90 ; have been writing for the past hour-and-a-half.

8:30 P.M.—Pulse, 82 ; temperature, 98.50° ; took two tablespoonfuls P. B. P. in a half cup of milk ; drank cup of milk ; flow of saliva again. It is now one hour since I took the peptonoid, and I find temperature to have increased one half degree, now stands 99° ; feel strong, well, with no sense of hunger.

Nov. 29th.—Sixth day, 8 A.M. In bed ; temperature, 97.50° ; pulse, 72 ; 8:30 o'clock took two tablespoonfuls P. B. P. in half cup of warm milk ; bowels move at 8:45 o'clock ; size of stool diminished, paper-cent ; 10:45 A.M.—Temperature, 97.50° ; pulse, 96 ; feel well.

11:45 A.M.—Took two tablespoonfuls of P. B. P. in hot water, adding salt and pepper, a desirable addition for a well patient ; abundant flow of saliva.

12 M.—We have made, but recorded no urinary analysis for the past twenty-four hours, preferring to deposit all urine in one receptacle and getting a correct average ; urine passed in past twenty-four hours is 38 ounces ; specific gravity 1025 ; walked two miles to try strength.

1 P.M.—Temperature, 98.25° ; pulse full and strong, 80. 2:30 P.M.—Temperature, 98.25° ; pulse, 76. 3 P.M.—Two tablespoonfuls P. B. P. in hot water. 3:30 P.M.—Temperature, 98 ; pulse, 86 ; noticed a marked increase of saliva ; temperature, one hour-and-a-half after taking the food, has increased one-half degree ; pulse, 88.

6:30 P.M.—Two tablespoonfuls P. B. P. in hot water ; temperature, 98.50 ; pulse, 80 ; respiration, 16 ; urine, 1020 ; have felt strong and well nourished all day ; urine since 12 M., 13 oz.

One of the best ways of taking beef peptonoids is as follows :

Make a good vegetable soup, adding thereto an extra quantity of celery. Strain the soup through a cloth or fine colander, and, if desired, allow to cool and remove the fat.

Then put a heaping tablespoonful of the powder in a teacup, to which add three or four tablespoonfuls of the strained soup, or sufficient to make a thin paste. Stir with a spoon until thoroughly mixed or until all the lumps disappear. Then add this quantity to half a pint of the strained soup. If prepared in this way, it will be found most appetizing.

7 P.M.—Weight, 181 lbs. ; walked one mile in the cool, crisp air. 11 P.M.—Temperature, 98.25° ; pulse, 72.

Nov. 30th.—A good night's rest. 8 A.M.—Pulse, in bed, 70 ; temperature, 97°. This is the seventh day of proving, and the sixth day of continuous support on same form of beef peptonoid.

It is proposed now to try Reed and Carnrick's Liquid Beef Peptonoid, which they say contains but half of the nutrient matter that their powdered or dry preparation does.

In low adynamic fevers some form of alcoholic stimulants are used by gentlemen of all medical schools.

I do not, nor have I ever, taken alcoholic stimulants. Therefore, it is possible for me to make an honest test of an easily digesting food, combined with a stimulant, upon myself.

Reed and Carnrick's Liquid Peptonoid Food contains twenty per cent. of alcohol.

9 A.M.—Urine, 1015 ; took two tablespoonfuls of liquid B. P. 11 A.M.—Took two tablespoonfuls of L. B. P. ; urine just passed, 1016, warm ; temperature, 78°. 11:30 A.M.—Pulse, 64.

1 P.M.—Two tablespoonfuls of L. B. P. ; have walked three miles ; pulse, 82 ; temperature, 97.50° ; urine passed at 9 A.M., S. G. 1015 ; now cold, 1023 ; much less flow of saliva ; temperature, 98.88° ; pulse,

84; increase of temperature and pulse, I think, due to spirits in the liquid food; respiration, 16.

3 P.M.—Two tablespoonfuls L. B. P. 3:30 P.M.—Temperature, 99° ; pulse, 80. 4:30 P.M.—Temperature, 98.50° ; pulse, 70. 4:30 P.M.—Feel a goneness in stomach; demand for food. 5 P.M.—Urine, 1020, and took three tablespoonfuls of L. B. P.; one hour after took three more of L. B. P.; find pulse 70; temperature, 98.25° .

6:15 P.M.—Three tablespoonfuls of L. B. P. 8 P.M.—Pulse, 72; temperature, 97.75° , and took six tablespoonfuls of L. B. P. 8:15 P.M.—Temperature rose .25 of a degree.

9:20 P.M.—Pulse, 80; temperature, 97.50° . 9:30 P.M.—Took six tablespoonfuls. I have taken twenty-six tablespoonfuls of the L. B. P. and find that I have not been as well sustained; stomach sensations—as I was on nine tablespoonfuls of the powdered B. P. Noticed no extra increased flow of saliva from the L. B. P.

DEC. 1st, 1887.—Eighth day. Temperature, in bed, 8 A.M., 97° ; pulse, 66. 8:45 A.M.

9 A.M. Took six tablespoonfuls L. B. P. 9:50 A.M.—Pulse, 90; temperature, 98.50° ; urine, cold, 1025. 10:30 A.M.—Pulse, 96; temperature, 98.25° .

11 A.M.—Pulse, 80; temperature, 98.25° . 11:15.—Two tablespoonfuls L. B. P.; have found both varieties of the peptonoids constipating; the liquid preparation more so; this is owing to the alcohol and pure peptones.

It will be noted by the reader that the peptonoids, taken with some other forms of food, as baked apple, jellies, and fruits, will maintain a most beautiful and natural condition of the bowels. If the bowels are inclined to be abnormally loose, as in typhoid fever, chronic diarrhœa, these peptonoids, given almost wholly alone, are of the greatest possible value to control such a condition.

4 P.M.—Walked six miles this P. M.; no fatigue. During the test the prover has taken severe exercise to test the supporting properties of the food. Pulse, 116; temperature, 99° ; weight, $179\frac{1}{2}$ lbs.; loss, two and three-fourth pounds, upon a diet—at a very moderate estimate—at least one-third less in nutritive pabulum to daily table allowance.

I trust that the reader, to whatever school he may elect to give his preferences, will find in the above facts something that will prove of value to himself and his patient.

89 South Portland Ave., BROOKLYN.

FERRUM PHOSPHORICUM.

G. H. Miller M.D.

HAVING had such fine success with the above-named remedy in curing cases of articular rheumatism, wandering rheumatism, tonsillitis, iritis, and conjunctivitis, I send the history and treatment of a few cases, trusting it may enable others to meet with equally good success.

No. I.—Mr. A——, a farmer, being out driving cattle during a heavy rain, was in two days laid up with severe pains and inflammation of knee joints, very tender to the touch; he could not move in bed without suffering severe pains. He had been under treatment for two weeks. His friends persuaded him to employ me. Ferri. phos., 6 × trit. 5 grains pulv., every two hours, cured him in ten days.

No. II.—Mrs. C——, a washerwoman, took cold from washing in a damp cellar; her left hand became very much swollen and painful. I was called. Ferri. phos., 6 × trit. 5 grains pulv., every two hours, cured in twelve days.

No. III.—B——, a butcher, got over-heated running after some cattle. Was taken with rheumatism of right foot and left hand. Rolled in bed with pain. He had his family doctor, but to no good effect. I was called. Ferri. phos., 6 × trit. 5 grains pulv., every two hours, cured him in fifteen days.

A great number of such cases cured during the last five years.

TONSILLITIS.—In tonsillitis where tonsils are very much swollen and beefy in appearance, ferri. phos., 6 × 5 grains, every two hours, generally cures.

No. IV.—S——, a girl fifteen years old, took a cold at school by sitting near an open window; both tonsils swollen and raw; great pain on swallowing—could not eat any solid food. Ferri. phos., 6 × trit. 5 grains every two hours, cured in three days.

No. V.—J——, a young man, went hunting. He took cold and it settled in his throat; the larynx and pharynx were very much inflamed; ulcers on tonsils; high fever; thirsty and restless. Ferri. phos., 6 × trit. 5 grains, every two hours, cured in seven days.

Iritis is another field for its curative effects.

No. VI.—S——, a miner, was striking his pick against some rock; a quantity of dirt and rock struck him in the eye, causing an ulcer in cornea, and the iris became involved; he suffered severe pain and inflammation; there was excessive dread of light; a large amount of tears gushed out on opening the lids. Ferri. phos. 6 × trit. 5 grains, every two hours, cured in four weeks.

Wandering rheumatism is also cured very often by it.

No. VII.—J——, a teamster, had suffered with pains in right hand and they would shift to left elbow, from left elbow to right knee, etc. He was unable to do any work ; he had tried a great many *cures*, and also different doctors. He finally came into my office one day, and I gave him ferri. phos., 6 × trit. 5 grains, every three hours. In fifteen days I cured him.

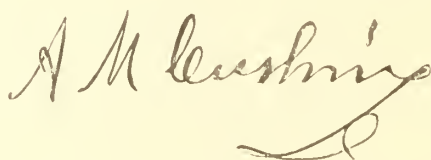
Conjunctivitis is amenable to the influence of ferri. phos., 6 × trit.

No. VIII.—D——, a seamstress, had used her eyes for years at night, and being poorly fed suffered with conjunctivitis in a very severe form. She suffered intense pain in the eyes, dread of light ; every thing was blurred to her ; conjunctiva very much inflamed. Ferri. phos., 6 × trit. 5 grains pulv., every two hours, cured in fifteen days.

Those who have never used ferri. phos. should procure some and study Schüssler's book. It will pay them many fold.

GALENA, ILL.

HOW DOES THE BLOOD CIRCULATE?



IMAGINE some of your readers will say : That is a curious question for one to ask who passed an acceptable examination in Anatomy and Physiology more than thirty-one years ago. J. C. Dalton, one of our best authorities, says : "The arteries may be regarded as a great vascular cavity." He also says : "The entire blood is moved by the impulses of the heart." To me one of the wonders of the circulation of the blood has been that we never find blood in the arteries after death, although we do sometimes find it in the heart. The ancients supposed they contained nothing but air, so for this reason called them "arteries." I could never understand why or how the last beat of a heart, whether it emptied itself or not, should or could drive every drop of blood from the arteries. My understanding may be dull but my inquisitiveness is not. An autopsy that I recently witnessed has shaken my belief considerably in the "hollow tube" system.

Some twenty-five years ago the patient was driving a spirited horse, and as a rapidly driven horse came up beside him his own horse gave a jump forward, and as the driver pulled up suddenly he felt as if something had "given way" in the region of the heart. He was taken into

a house where he remained some hours in great distress; for years following he had attacks of a similar nature, *i.e.*, sharp pains in the region of the heart. At the autopsy it was found that the mitral valve had been ruptured, and that this valve was simply a network, or a number of longitudinal cords, worn smooth. The walls of that side of the heart were thin, the cavity dilated, and, as is usual in such cases, the other side was enlarged, and the walls thickened, which is generally attributed to overwork like a "blacksmith's arm." Aside from this the aorta for some distance was dilated, and the walls or coats thickened (probably from overwork). Can it be possible that that valve like a network had propelled the blood through the system for years?

Having seen the blood circulate through the web of a frog's foot I decided to try the experiment myself. As frogs were scarce but flies plenty, I caught a large fly and proceeded to fasten a wing under my microscope. I was fortunate beyond expectation and "builded better than I knew," for after I got the wing in position, and was watching the blood circulate, the fly tore away, leaving the wing in position. Imagine my surprise when I saw the same beating, wave-like motion continue, unchanged by the departure of the fly, drop after drop, granule after granule starting, stopping, starting again, till the last drop or granule had disappeared. The wing had "bled to death." I said to myself: Is not this the great secret of the circulation? Is not this why a little muscle, weighing but one-half pound, can keep ten or twenty pounds of blood in rapid motion for years, sometimes a century, and during much of that time nearly half of that blood is being raised nearly perpendicularly? If the muscles in the arteries of a fly's wing can continue the circulation without the assistance of the heart, can they not—do they not—at all times assist the heart in propelling the blood, even acting after the heart ceases to beat, driving the last drop of blood beyond their terminal extremities?

SPRINGFIELD, MASSACHUSETTS.

OUR EXCHANGES.

—*The Chicago Medical Times* in an original article on "Re-Section of Joints," by Dr. Milton Jay, contributes considerable interest to the descriptive matter by several original "before and after taking" woodcuts. One of the cases narrated—and they are all well told and indicate skillful workmanship—is that of an unmarried Miss of 22 suffering with a hideous deformity of the hip. This damsel is pictured in three cuts in the most charming dishabille, and as the artist was unable, owing to the position and this absence of apparel, to indicate the sex in another way, he therefore gave an extra height, breadth and thickness, to the mammary adjuncts. Says the author: "Cut No. 3 represents the young lady as she now appears; when last heard from she was still using crutches (as

we requested her to do. for at least twelve months).” The residence is not mentioned, but we trust that during the prevalence of this Dakota weather she may have added other covering unto herself, besides the mammary glands, a pair of high-heeled shoes, and the crutches.

—*The Human Skin and its Uses in the Arts.*—I withhold the name of a very celebrated surgeon, who recently died, although he is beyond the reach of the laws, and where the Parisian public never go. He had an odd idea before his death, this great hospital surgeon. He had always claimed at autopsies the skin of every tattooed patient, and carefully cut out the pictures of the skin. His own tattooed skin was added to the rest of the collection. Into whose hands has this curious and interesting collection fallen?—*From the French in Lancet-Clinic.*

—“Is Homœopathy, Alone and Unaided, Able to Cope with, and Overcome, Puerperal Disorders and Complications?” By Joseph C. Guernsey, M.D., appears in the *Hahnemannian*—and to the old readers of this journal must have been quite an acceptable New Year’s gift—for it took them back to the time when such articles were the rule, not the exception. It is in Dr. Guernsey’s inimitable style, and has the true ring to it. Among other things, he says :

“We are all fallible and prone to error; we are much more likely to err than is homœopathy. I know I have often failed to cure cases, after trying my very best, and after exhausting all I know about homœopathy. And then I have gone to Dr. Constantine Hering, to Dr. Raue, or to my father, and they have shown me my error, and found the proper remedy with which I cured my case. I have even known all the above-named physicians, including Drs. A. Lippe, C. C. Smith, and other able representatives of our school, fail to cure a case. It was one I was deeply interested in, and I determined homœopathy *should* cure, for I know it *could*. So I went to New York and saw Dr. Carroll Dunham, to whom I carefully described the symptoms. He said, ‘Let me study it over to-night, and I will report to-morrow.’ On the morrow he said, ‘The remedy must be Berberis. Has it been given?’ Berberis 40m. did cure the case, and the sufferer was profoundly grateful. The circumstances of this case I well know, for I myself was the patient.”

Father Lilienthal has some really good translations. Permit us to congratulate you, Bro. Dudley, on this December number. It is a good one.

—*The Homœopathic World* does not take kindly to Dr. E. M. Hale’s *Spigelia* experiments on dogs and frogs: “But in the name of mercy, we ask, what was the need of experimenting on wretched animals to find this out when Hahnemann’s provings [of *spigelia*] are so rich?” This reads a little “binding” on Dr. Hale. In the same issue we find: “I gave *hydras. can.* to be injected morning and night by means of a vaginal syringe . . .” Also, “I do not desire better remedies for corneal troubles than *hepar sulph.*, *silicea*, and *sulphur*; the two first *alternated* are highly efficient.” Now, beloved confrère, you are quoting Hahnemann to Dr. Hale; might he not with equal propriety refer you to the same fountain-head, and ask in what part of his works Hahnemann taught the use of injections, vaginal and otherwise, and when and where he advocated alternation.

—"MONGREL PRESCRIBING,"—*Minn. Med. Monthly*. This is really too bad. Calling bad names doesn't necessarily make it bad, of course; but it invariably reflects on the party giving utterance to the same. The remarks of the *N. E. Med. Gazette*, when calling the *Advance* to account for scurrilous correspondence in a late issue, were then and still continue to be appropriate. True it is that there still continue to be a few, a *very*, *VERY* few who on occasion lay aside the attributes of gentleness, and indulge in terms, when speaking of others in the same profession with them, which should never issue from the lips or pen of a gentleman. It is a gratifying sign of the progress of the times that this style of warfare is rapidly disappearing from the pages of homœopathic literature. We have made such strides as a school that we have even learned to be charitable to our ancient enemy, the Old School; have forgiven him many of his transgressions, and are now helping Brunton, Ringer, and other of its apostles with good and safe medicaments. Truth will prevail. It needs no bolstering from extremists in either direction. The term "mongrel" has no business in the homœopathic vocabulary. Out with it!

—*The Medical Counselor* has an interesting paper on rheumatism, by A. C. Jones, M.D. It is to be regretted, however, that the descriptive matter is sadly marred by the alternation of remedies, the absence of symptoms which would guide any one else into selecting the remedies named, and the "dope-ing" of a 10 per cent. solution of salicylic acid. . . . Which of these measures cured, and why? If Drs. Champlin and Jones will give salicylic acid *solus* for "rheumatism," and then report, we would know something concerning its virtues and powers. As it is, no one practising homœopathy will be the wiser for having read this hodge-podge.

—*The Clinical Reporter* (the new St. Louis journal) contains a number of valuable papers by the professors of the Homœopathic Medical College of Missouri. The salutatory is quite in the vein of Prof. Foulon; the journal is crisp, newsy, and "bran, splinter" new. . . . Prof. Parsons contributes an illustrated paper on Uterine Cyst; Prof. Campbell on Cocaine Idiosyncrasy, and Prof. Morgan on Value of Correct Diagnosis, the latter a valuable contribution. We welcome you, Mess. *Clinical Reporter*, to the fold; may you live long and prosper.

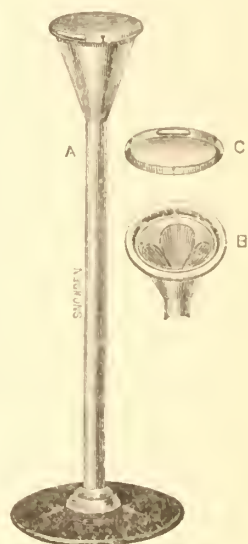
—*The Virginia Medical Monthly* has an interesting paper contributed by Wm. F. Drewry, M.D., assistant physician to the Central Lunatic Asylum, etc., Petersburg, entitled "Ninety-seven Ounces of Foreign Bodies . . . in Rectum." A large, robust-looking colored woman, aged 46, chronically insane, suffered from disordered bowels, diarrhœa, alternating with constipation. The usual measures failing of effect, a digital exploration of the rectum was made, with the result of finding "the enlarged rectum completely impacted with bits of stone, glass, slate, brick, buttons, fruit-parings, clay, etc., to the amount of ninety-seven ounces." Mention is also made of an insane woman, in whose alimentary canal were found a pair of suspenders, several skeins of silk, three spools of cotton, and two roller bandages.

—An injunction has been granted by the United States District Court at Philadelphia, in favor of Eisner & Mendelson Co., as co-plaintiffs

with others, as against George W. Nock, defendant, enjoining him from selling a water called Saratoga "Carlsbad" water. The city of Carlsbad claims a proprietary right to the name of "Carlsbad water" and "Carlsbad salt." Similar proceedings will be instituted against all others manufacturing, handling, or selling any imitation or artificial products with this name as entire or part title.

—Dr. R. Leaman's new stethoscope on the autophonic principle, manufactured by Wm. Snoden, Philadelphia, will commend itself to every experimenter. In the accompanying cut A represents the improved gun-metal stethoscope, with ear-piece as devised by Professor Da Costa, and the protecting cap upon the opposite extremity. B shows the diaphragm with the fish-skin drawn over it. C shows the protecting cap.

Dr. Leaman says that Prof. Da Costa, in a lecture, suggested that a simple, resonating apparatus might be applied to the single stethoscope. This suggestion was embodied in the present instrument. The fishskin membrane, which is not affected by damp weather, is arranged so as to form an autophone, thus increasing the loudness of sounds and clearly defining them. In our private practice this instrument has given us good satisfaction.



—*Cannon-Balls in Chronic Constipation.*—Dr. Sahli thinks that he has hit upon a plan which will make massage for chronic constipation cheap and easily available. The method, which its inventor warrants as effectual, consists in the patient rolling with his own hands a cannon-ball, or other round metallic mass, weighing from three to five pounds, up and down over his uncovered abdomen every day for five or ten minutes. The patient lies on his back during the performance, which should always take place at the same hour. The best time is the morning, before rising. Besides rolling the ball about, the patient should from time to time raise it to a certain height, and bring it down on his belly with some force. The whole abdominal surface must be conscientiously rolled every time. The ball may be warmed or wrapped in a woollen cover before use. In some patients this novel form of artillery practice takes effect almost immediately; in most, the bowels are opened a couple of hours after the application; in the bulk of cases the constipated habit disappears in a few weeks, but relapse very frequently occurs when the daily rolling of the abdomen is discontinued. —*Brit. Med. Journ.*

Thus do the ways of gentle, dove-eyed Peace encroach upon the arts of War. Thus are our spears and swords beaten into reaping hooks, and our cannon-balls degraded to the rank of nasty, drastic, purging castor oil. To what base uses may we not come at last!

—By the death of Andrew Wright, of the firm of W. and J. Sloane & Co., of New York, another remarkable instance is added to the medical

annals. Mr. Wright died after a brief illness. His death was attributed to peritonitis, but the end came so soon that his physician made an autopsy and ascertained that the cause of the disease was a grape seed which had lodged in the appendix vermiformis. This small intestine, to which physiologists have been puzzled in assigning a place in the economy of the human system, is a perpetual menace to life. It is undoubtedly the case that nearly every body that eats fruit swallows more or less of the small seeds, and fortunately resultant harm is the rare exception, and not the rule.

But when it does happen that a seed becomes lodged in the appendix vermiformis death will almost surely follow, and there is no way of disclosing the apparently trifling cause but an autopsy.

A few other cases of this sort have occurred in New York, but they are so infrequent that any new example invariably attracts attention in medical circles.—*Toledo Commercial*.

Dr. A. M. Cushing, of Springfield, Mass., lost a son through the localization of a date seed in the appendix vermiformis.

—*ABALY (W. C.) Boracic Acid in Gonorrhœa. Med. Record, N. Y.*—My experience with boracic acid and glycerine, in the treatment of subacute and chronic gonorrhœa, has been so successful for the past year that I can confidently say it is almost a specific; I have used it in thirty cases, and only in three did it fail. One of them was a heavy drinker of spirituous liquors, and the other two had strictures which it was necessary to treat in the usual way before the discharge ceased. The mode in which I use the acid and glycerine is as follows: I prepare about two drachms at a time, which is sufficient for one séance, using half a drachm boracic acid and one and a half drachms glycerine; then, by the use of a soft rubber catheter of proper size—one which will pass easily the full length of the urethra—and a hard-rubber syringe, with a nozzle of large enough calibre to allow the paste to flow freely, I commence injecting from the prostatic urethra, gradually withdrawing the syringe and stripping the catheter with thumb and forefinger, until the full length of the urethra has been thoroughly saturated. This is to be repeated every second day. I always have patient urinate before using the treatment, or, what I sometimes do in case of a new case, to locate the prostatic portion, is to allow the catheter to pass into the bladder, allowing the urine to come away, then withdraw and use the acid and glycerine injection. The desire to urinate is quite urgent for a few minutes, but soon passes off. In some few cases, in order to avoid urination, and the dislodgment of the paste thereby, I have the patient immerse the full length of the penis in cold water, which always lessens the desire.

—Vaccination against typhoid fever is the latest sanitary possibility. Brieger has discovered that typhoid bacilli secrete a ptomaic poison which he has called "typhotoxine," the injection of which into animals seems to have caused lesions very similar to those caused by typhoid fever in man. As a result of their researches, the scientists have reached these conclusions: (1) These symptoms and alterations observed in animals in which cultures of typhoid bacilli had been injected are due to the toxic substances secreted by these bacilli. (2) The noxious germs which secrete the typhotoxine are reproduced in the intestinal canal,

From these the immunity is taken up by the circulation and carried to all the organs liable to be affected by this poison. (3) It is most probable that the same takes place in abdominal typhoid fever of man. (4) A first infection insures immunity against injurious effects of a later infection, even of large quantities of the toxic substance. (5) Further experiments and careful clinical investigations are necessary in order to establish a scientific support of the theory of immunity from infections or sterilized cultures containing not more than a determined quantity of typhotoxine. (6) In case this theory be an ascertained fact, the reproduction of the same immunity in man would be justified by commencing with very minute doses of typhotoxine, which would be gradually increased according to the results obtained.—*Sanitary News*

—*The Medical Era*.—Suppose a woman about fifty years of age, who has borne children, comes to you with the statement that at the age of forty-five the menses ceased, and that she had no discharge of blood from the vagina from that time until six months ago, when she again began to lose blood: what would you suspect? You should suspect cancer of the cervix. Why? Because as a result of her labors a laceration of the cervix has probably happened, and carcinoma has developed in the cleft of the tear. I will venture to say that in ninety-five out of a hundred cases this diagnosis would be correct.

—*The Lancet-Clinic*.—*A Case of Hæmoptysis: Dependent on a Foreign body in the lungs*.—Says Dr. Roush (Hillsboro, Ohio):

About two months ago P. S., male, æt. 35 years, came to my office for a troublesome cough attended with occasional hæmorrhage of the lungs. Patient was emaciated, weak, appetite poor, rigid and labored respiration, bowels alternating with constipation and diarrhœa, and, in short, presented all the symptoms of phthisis well advanced. The chest was well developed and physical examination revealed nothing abnormal except a few mucous râles in the region of the bifurcation of the trachea.

The family history was exceptionally good, there being no hereditary tendency to pulmonary disease whatever. The cough had been of nearly a year's standing, and failing to find any other cause for the trouble, other than true pulmonary tuberculosis, I began treatment accordingly.

Under tonic treatment, a vegetable diet, and improved hygiene, the patient became decidedly better and was, a few weeks ago, dismissed, and he resumed his work—being that of a manual laborer.

A few days ago, however, he contracted a severe cold, which again brought on paroxysms of coughing and, during one of these violent attacks, he expelled, together with a considerable amount of mucopurulent matter and blood, a molar tooth.

Upon inquiring I ascertained that about six years ago he received a blow on the side of the jaw which loosened one of his molar teeth from the socket, and, as he supposed, was swallowed. This information made the case a plain one and I did not hesitate to conclude that the cough and hæmorrhage had been dependent upon the irritation and ulceration caused by the presence of this foreign body in the lungs.

Since the expulsion of the tooth, the cough and hæmorrhage have almost wholly disappeared and I predict that the future phthisical symptoms in this case will be nil.

OBITUARY.

DIED.—On January 22d, after a three days' illness of typhoid pneumonia, Dr. Adolph Lippe, of Philadelphia.

Dr. Lippe had reached and passed the Scriptural limit of life, but when last seen by us at Long Branch last summer was still in the vigor of life and seemingly destined for many more years of usefulness. His name had become a household word with homœopaths the world over. His contributions to our literature, especially in the department of *Materia Medica*, of which he was an acknowledged master, were invariably of a nature to entitle them to a transference to our working libraries. His *Materia Medica* even at this day, when we have Hering, Cowperthwaite, Farrington, Guernsey, and others to guide in the selection of remedies, still continues a standard work. He was a man of positive convictions, and in his attacks on error an invincible antagonist. Yet those who were nearest to him, those who knew him best, are uniform in their praise of his great-heartedness, his open-handed charity, and his love for the good and the true. Thus, in the fullness of time, the Great Reper is disrupting that coterie of earnest students who laid the foundation of American homœopathy at Allentown; by one by one the mournful cavalcade is augmented, but praise and glory be forever more to the genius and truth of our school, they all die staunch in the faith.

We gather from *The Chironian* that Dr. Lippe came of noble lineage, his parents having been Count Ludwig and Countess Augusta Zur Lippe; also that he had studied law. He was for many years a professor in the Hahnemannian Medical College of Philadelphia. We desire to add our laurel to his bier, but only the pen of the future historian can properly portray the character and work of this stalwart, this master of the old guard.

BOOK REVIEWS.

HANDBOOK OF TREATMENT, Arranged as an Alphabetical Index of Diseases. By WILLIAM AITKEN, M.D. (Edin.), F.R.S., with Notes and Additions by A. D. ROCKWELL, A.M., M.D., New York, E. B. Treat, 771 Broadway, 1887.

A handbook of treatment, based on Old School practice, can not, of course, be of very great value to the homœopath. But this condemnatory critique must be restricted to the Old School pharmacology, since this handbook is replete with such information, definitions, etiology, diet, and hygiene, that it becomes a valuable little mentor to have on our table and shelf. Especially is this true of the definitions, in which we find within the compass of a dozen lines a picture of the disease looked for that causes it to stand out in bold relief. The Treatment, likewise, is filled with hints on diet, posture, baths, sleep, and other such aids, so that even the painstaking, individualizing homœopath will be instructed by a careful perusal. With the Treatment *per se* we have naught to do. It is Old School. But it doesn't sail under a taking homœopathic title with in'ards all filled with Old School ointment, washes, quinine, and prescriptions. It contains 444 pp. handsomely printed in clear type, and with substantial binding.

HOW TO USE THE FORCEPS. By HENRY G. LANDIS, A.M., M.D. New York, 1880. E. B. Treat, 757 Broadway.

This handy volume of 168 pages, while not a new publication, will prove new to a great many of our readers who have not had an opportunity to study its contents. Professor Landis, a clear and forceful writer, having made a specialty of obstetrics, is eminently qualified to give utterance to this brochure. The arrangement of the work is excellent. Very nearly half of the book is devoted to an instructive treatise on the anatomy of the pelvis and the mechanism of delivery; so that when the forceps are eventually brought on the scene of action the mind is prepared to understand their prompt and successful application. This little volume may be read by any practitioner of whatever school, and in every case we are confident, with profit to himself and patients, we commend the work.

The January and February numbers of the *Century* come to us abounding in excellent matter, and illustrated with the peculiar process for clear and graphic pictures which, we believe, the *Century* inaugurated. Mark Twain's "Meisterschaft" farce is clever indeed, considered merely as a literary production; but its merit is enhanced an hundred-fold to the reader who fortunately possesses the ability of understanding the German. James Whitcomb Riley has a poem in "The Literary" in his usual felicitous style. The Abraham Lincoln History has now reached a period which makes it interesting to young and old, for the scenes depicted are too recent not to awaken a deep and widespread interest in the recital, by those who were the intimates of the martyred President. The cabinet paper was particularly so.

Scribner's Magazine for February, 1888, contains among others an interesting story, "The Last of the Ghosts," of which the full page illustration by Burgs is a wonderfully beautiful bit of drawing and engraving. The paper on volcanoes is well presented as to letter-press and its illustrations on a par therewith. An odd feature of this magazine is its interpolation of literary matter *per se* with its advertising pages at the close of the volume. So that in running through the advertising pages quite a fund of other and interesting matter may be found.

St. Nicholas for February, 1888, contains the usual assortment of good things; no invidious comparison is intended when we call attention to several of the articles contained as being good: such, for instance, as "Diamond-Backs in Paradise" (a snake story of Florida); "The Story of an Old Bridge" (London); "The Astrologer's Niece" (a clever burlesque on the "Man of the Wand"). Palmer Cox has another installment of "The Brownies." "A Wonderful Wall" is truly so even to the adult. One great charm to us of *St. Nicholas* has been that it "never talks down"; its articles are invariably of an elevating tone, and yet in a style easily understood by the child as well as the adult.

GLOBULES.

—Garlic has been administered in hydrophobia with good results.

—“Liquor amunii,” sayeth the *Chironian*. Where be your proof-reader?

—A cup of thin cocoa, just warm, is better between exertions of singing than an alcoholic beverage.

—Dr. C. E. Hastings has verified Teste’s recommendation of *Ledum palustre* as an antidote for the poison of the honey-bee.

—“Clara had the winter casino last winter,” she said: but the doctor he giv’ us some dope to rub on, and it got cured up.” It was winter eczema.

—So S. O. L. Potter, M.D., from whom Larceny Brunton *borrowed* his homœopathic ideas, is a graduate of the Hom. Med. College of Mo. ? ‘Rah for St. Louis!

“Syphilis is curable homœopathically.—*T. F. Allen*. Of course it is, Doctor. If we err not, a Dr Hahnemann, who died some years since, made a like assertion.

—*Middleman*: Say! I wonder if that is the sagital or lambdoidal suture that the doctor is using,?

Freshman (after brief cogitation and with a consequential air): Guess that it is the lambdoidal.—*Chironian*.

—Two noble Seniors held an animated discussion, recently, on the merits of the various young ladies of their acquaintance with regard to their abilities in a butter-making line.—*Chironian*.

Aye! there’s the rub.

—Shall we administer cocaine to destroy the opium appetite? If you have seen its demoralizing effects on mind and body, you will certainly answer “No!” at least until more satisfactory evidence of its utility has been produced.—*So. Cal. Pract.*

—The *N. E. Med. Gazette* apologizes to Dr. J. P. Dake for the typographical error “a more critical *chemical* experience,” which should have been “a more critical *clinical* experience.”

The ordinary compo. doesn’t appear able to distinguish *chemical* from *clinical* in MS. The Saratoga printers had to be watched closely last summer.

—The prepuce seems to me to be an unnecessary and even dangerous appendage when cleanliness is neglected. Its only use seems to me to serve as an analogue, and can therefore be very easily and, in many cases, very advantageously dispensed with—*J. A. S. Grant-Bey, Cairo, Egypt*.

—*Vous avais raison*: but—what is an “analogue”?

—Two little cancer bacilli, looking for comfortable winter quarters, strayed into the sumptuous epiglottis of a great man. “Ain’t this nice?” asked Bacillus Primus. “Yes, but I’m afraid the court physicians will eject us in a jiffy,” remarked Bacillus Secundus. “Don’t you be afraid,” returned Primus, “they’ll be so afraid of doing something to hurt the great man that we can raise a whole family here without any fear of being disturbed.”—*Toledo Commercial*.

OH DON'T-LOGY.

DON'T cut a vein except during beginning of expiration.

DON'T amputate during high fever ; result probably fatal.

DON'T use, or permit the use of, soap about the new-born.

DON'T forget that what is meat for one is flesh for another.

DON'T say perspiration for perspiration. Say transpiration.

DON'T neglect cloths rung out of hot water for relaxing perinæum in labor.

DON'T fail to use alcohol and water in equal proportions for diphtheria.

DON'T sew up a lacerated perinæum unless the owner of the premises is willing.

DON'T find fault with your rival, old school or new. Excel him ! *That* talks.

DON'T accept it as a rule that a poor man is a poor doctor, or a young man a young doctor.

DON'T it seem funny to have our beloved Glonoine become Trinitrin of the Old School ?

DON'T give arum tri. in all cases of clergyman's sore throat. Prof. Hobart advises alumina.

DON'T wash your scalp too much ; it removes the natural protective secretion. Result : baldness.

DON'T suppose because he is a professor that he is a little tin god, with a bell and a "yaller" ribbon.

DON'T tell it to the church festival. By adding salt water, five quarts of oysters can be swelled to six quarts.

DON'T believe all the miraculous cures you read in the journals. There are several Ochiltrees in our orchard.

DON'T adjudge a man a poor practitioner because he doesn't say pie-creek acid, or a-*posse*-numb kan-*nab*-be-numb.

DON'T get confused on "water" symptoms of arsenic and nux ; the one *drinks* little and often ; the other *passes* little and often.

DON'T go to China ; brandy guzzlers are ostracized, and are placed wholly beyond the pale of decent society. The heathens !

DON'T let your footnotes contain all the sense and essence of your articles. Some contributors mar every page by copious footnotes.

DON'T imagine you know it all. For instance : syphilitic pulmonary fibrosis means syphilitic pneumonia. The former is the most learned expression.

DON'T say a word more about "raising the standard." How is this ? "There is not any Homo nearer than O'Clear (25) Miles of heare and two of them is Mungrils the other I cant say becaus they have cone theire recently."

THE
AMERICAN HOMŒOPATHIST.

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No. 3.

Our esteemed contemporary *The Medical Era*, in its current number, referring to a previous issue wherein it advised the use of alcohol in diphtheria, seems not a little vexed that there should be those in the ranks who decry the merits of its new specific for diphtheria—alcohol. If we mistake not this re-discovery of the alcoholic specific was first made public in the columns of our epicene contemporary, the *New York Medical Times*, or, as the *Era* calls it, “The nameless Medical Times”; and some dispute arose as to the authorship of the “star”-ed editorial. With this as basis, a less prejudiced journal than the *Era* might have hesitated before transferring to its pages ought to be found in the “Nameless.” But having done so it must needs expect criticism and, possibly, condemnation. It seems to us, however, that this upholding of a specific for a disease—alcohol for diphtheria—does not comport very well with the elaborate showing made by the *Era* in recent numbers concerning the falsity of the charge of unhomœopathic practices by homœopathic practitioners; the specific and the refutation do not consist. True it is that our contemporary reinforces its position—if we care not to substitute “excuses” for “reinforces”—by prefixing the adjective malignant to the disease. “You cannot cure malignant diphtheria by any method of treatment now at your command; you might as well try this one”; but does that alter the problem materially? We think not. If there is one principle of the Hahnemannian law upon which all homœopaths regardless of potency or dose, are firmly agreed, it is that our remedies must be administered upon the presenting symptoms, and never for the name of a disease. Again, are we quite willing to agree that malignant diphtheria cannot be cured by homœopathic medication? Are not our journals teeming with desperate cases cured by the properly indicated remedy?

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It is inexplicable to us how so ably conducted a medical journal as the *Counselor*—since Brother McLachlan assumed control—can afford to publish from time to time papers purporting to recount the treatment of “Diphtheria” when that “treatment” consists in the main of a pitiful mésalliance of homœopathy, allopathy, physio-medicalism, electricity (and, as in the case reported by Dr. J. H. Ginley), diet, lime, heat, flax-seed, fat pork, foot and sitz baths, and “milk from two cows daily!” But a few months previous our good friend, Dr. A. I. Sawyer, gave the treatment of a case of diphtheria, of his own son, which was very much of a piece with the above, and which the *Advance* so ruthlessly dismembered. Does the University of Michigan teach this as homœopathy? But the question was needless. We know its

Professors too well for that. They do not teach it. Then why fill its school journal with this rubbish? Of what value to the practitioner to find at the close of this caricature of homœopathic treatment, "internally aconite, belladonna, and gelsemium may be used if there is much fever." Which, and when? Only these three? Have we not more than three remedies in cases where "there is much fever?" Out upon such homœopathy!

* * *

Says the *Era* (January, 1888): "Chlorate of potash, carbolic acid, bromine, sulphur, and a thousand and one other things have enjoyed a brief reputation, but the usual disappointment has followed their use." Further (March, 1888): "You cannot cure malignant diphtheria . . . you might as well *try* this one." Said Hahnemann, in ridiculing allopathic medication: "If A should not answer try B, and if this will not do, a choice lies among C, D, E, F, and G; I have often found H and K of service; others recommend most highly J and L, and I know some who cannot sufficiently praise M, W, and Z, whilst others extol N, R, and T; S and X are also said to be not bad in this disease. Some English physicians recommend Q in preference to all others in this affection; I certainly am inclined to give it a trial." To "try" a remedy on a sick person is, rank empiricism, no matter by what school practiced. Articles descriptive of diphtheria treatment, as hereinbefore referred to, we are happy to say, are of infrequent occurrence in the homœopathic literature of to-day; and we make bold to say that the overwhelming majority of the profession is with us in discouraging their publication at any time.

* * *

From diphtheria to typhoid is but a step, when we speak only of the diseases and not of their treatment. Dr. W. C. Goodno recently published a readable and withal instructive paper in *The Hahnemannian* on the typhoid fever "Don'ts" which seems to fall, in some particulars at least, within the criticism just made. Towards the close of his paper he says: "A lack of a true appreciation of the nature of a typhoid in its first week is a prominent cause—yes, the prominent cause—of a large mortality." Does this not mean that Dr. Goodno is treating typhoid fever *per se* and not the patient? Of what importance is it in the first or any week of the patient's illness to know the true nature of a typhoid so far as the giving of the homœopathic remedy is concerned? If the intelligent homœopathic physician finds a certain remedy clearly indicated, will a doubtful diagnosis deter him from exhibiting that indicated remedy, until he can assure himself that what he has before him in the person of the patient will fall clearly within the definition of typhoid or some other conventional disease? This latter procedure would unquestionably be "the prominent cause of a large mortality." Is this homœopathy? Why the *Era* has seen fit to step into the "specific" trap is best known to its able editors; but we confess to a feeling of sorrow that it should have done so at a time when it was statistically demolishing our common adversary and his perennial falsehood of the unhomœopathic practices of homœopathic doctors. It was bad enough at any time, but really unfortunate at this juncture.

While our indefatigable journals were upholding the banner of homœopathy in our own land, the "Thunderer," the *Times* of London, was doing a like good work for the cause in England, though possibly not actuated by similar motives. Of a surety there be giants in Merrie England to this day. They never do things by halves. The record of the controversy and the signal victory for homœopathy as it comes to our table in the *Homœopathic World*, is intensely interesting and encouraging. The press of England and Scotland has spoken very candidly concerning the points at issue, and, in the main, has sided with the homœopaths. As an instance we cite an editorial from the *Scottish News* (Glasgow), which narrates the controversy concisely and yet fully :

"One of the physicians in the Queen's Jubilee Hospital, was turned out by the Committee, largely composed of brother-physicians, because he did not share their own intolerance of homœopathy. They think homœopaths knaves and fools, while this audacious Dr. Millican actually seems to fancy that they ought to have fair play like other people. He is not a homœopath himself, and does not want any homœopathy in the Queen's Jubilee Hospital; but he is connected with another place, an infirmary or dispensary, where poor people are treated by a mixed lot of doctors, who are at liberty to please themselves and their patients as to the sort of 'pathy' they profess. This is extending a very modified sort of tolerance to homœopaths, but it is too much for these charitable, large-minded orthodox people, so they solemnly excommunicated their erring brother; and then, as he did not kiss the rod, they invoked the secular arm in the good old-fashioned, heresy-hunting style, and expelled him. He went before Mr. Justice Manisty, who pronounced the whole proceeding irregular and illegal, and reinstated the doctor who dared to tolerate heretics. . . . This is the pretty little history that Lord Grimthorpe has pounced upon, and he has made a very pretty little controversy out of it. He adduced the action of these doctors as a fair specimen of the general attitude of the profession towards any of its members who dare to think for themselves. If the profession had been wise it would have taken the line that intolerance of this sort is much to be deprecated, and that these flaming professors of orthodoxy do not fairly represent the broad culture of their fellows. That would have been rather an awkward retort for Lord Grimthorpe, who would very likely have emitted a few more sarcasms and then 'dried up.' But the doctors, to the amazement of their judicious friends, defended the action of the Queen's Jubilee Hospital, and that so hotly as to run a tilt even at the Judge who laid down the law of the case. Their spokesmen in *The Times* have used very little argument but a great deal of vituperation. They say in so many words that all homœopaths are either fools or knaves, and that homœopathy is an imposture. When asked for evidence, they say in effect that they are not going to argue with people who have no medical knowledge, that they are the infallible judges in the case, and that their verdict ends the matter. Now, if all the men with medical knowledge and training were on one side, and all the men who have neither were on the other, there might be something to be said for this theological mode of controversy. But the homœopaths are men with just the same medical knowledge as their orthodox opponents, taught by the same teachers, and trained in the same schools. Some of them, like Dr. Dudgeon, of London, were exceptionally brilliant students, and some, like Dr. Drysdale, of Liverpool, occupy positions of great influence and estimation among the community at large. They were orthodox practitioners before they became homœopaths, and they sacrificed position, prospects, and money in making the change. In such circumstances it is absolutely childish to suppose that the matter can be settled by orthodox people shrieking 'knave, fool, impostor' at those who disagree with them. The public at large have no means of investigating nice medical questions for themselves, but they have common sense enough to draw conclusions from this pretty display of dogmatism and ill-temper. Homœopaths speak with just the same authority as allopaths, whatever that may be worth. Indeed, they possibly speak with rather more, because they know and have practiced both systems, while the orthodox know only one, and are manifestly far too prejudiced and furious to look at any thing but gross caricatures of the other. When the orthodox fall back upon their infallibility, they forget that it is just their infallibility that is in question."

* * *

"What makes their position all the more absurd is that their spokesmen stand convicted of a really extraordinary number of gross blunders in questions of fact, arith-

metic, and logic. There is one tremendously dogmatic and long-winded person, signing himself 'R. B. C.,' whose identity is an open secret. He has crammed into a single letter in the *Times* blunders enough to destroy a score of men's reputations for accuracy. Many of them have been exposed, and there are many more which nobody has yet mentioned. His logic is as shaky as his facts and his arithmetic as crazy as his temper. If men want to be thought infallible upon points which we cannot test, they ought to be moderate and exact in their statements upon questions of common knowledge. There is another very damaging thing—namely, the evidence adduced by that malicious Lord Grimthorpe to show that these infallible gentlemen do not believe in their own infallibility. Now, if the augurs must sometimes indulge in a quiet laugh at their own pretensions, they ought to do it strictly in private. But these doctors, with their fine pretensions to medical knowledge and scientific method, have made public confession that they know nothing, that their science is a sham, and that their only hope lies in the fact that when men's minds are enfeebled by disease or distracted by apprehension they are easily humbugged. Lord Grimthorpe has quoted ever so many slashing statements of this kind by eminent orthodox practitioners, successful men, and men at the head of their profession. No notice has been taken of them by the spokesmen of medical intolerance; but there they stand all the same. We offer no opinion about homœopathy, but it cannot be of greater impotence than is orthodox medicine, according to its own chief professors. Perhaps, after all, it is an improvement upon the old style, and that may explain why men bred in the old school adopt it. At any rate, its professors make much the best appearance in argument. They keep their temper; they do not call names; they appeal not to infallibility, but to experiment; and, all put together, they have not made nearly so many demonstrably false statements as 'R. B. C.' alone in a single letter."

With so excellent a résumé as the above, extended comment is unnecessary.

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We question and deplore the adoption by our English *confrères* of that detestable American custom of "passing the hat" as a panacea for every wound. The effort to reimburse Mr. Millican for legal and other expenses is commendable enough; but to solicit alms—for under this head it certainly belongs—that they may "hand him in addition a substantial evidence of our appreciation of his conduct," would be deemed of doubtful propriety even in America, where the buffaloes disport themselves in the streets of New York and Boston; where the Indians pursue their gentle pastime of scalping the settlers in Ohio; and the remaining population talk through their noses, and ultimately die of dyspepsia. We look to England for a better example. As Dr. H. C. Allen has frequently said, "thank no man for doing his duty."

DR. GUS : MY PRECEPTOR.

III.

"BALDHEADS," said Dr. Gustibus, as we stood in the shelter of a door-way near a gas-lamp on the corner of the street awaiting the arrival of the "owl"—the last car on the Consolidated Street Railway, for it was considerably past midnight when we had finished with Jenny's stomach and left her comfortable—"baldheads seem to be of more commercial value to the Old School than they are to us." He had with one bound o'erleapt all that had occurred during the former part of the night since he spake on this same general theme, and, like the Autocrat of the Breakfast Table, who refers to a hiatus of twenty-five years as of but a few moments' duration, Dr. Gus resumed

the thread with as much placidity as if only a moment or two had elapsed and no recollection of a two hours' séance with hot plates and gastralgia remained. "I mean by that, Tom," he added in a measure apologetically for his abrupt change of the subject under logical and rhetorical dismemberment, as we slowly plodded our weary homeward march from Jenny's maw's house to the corner, "I mean that in the 'good old times' a doctor without a bald pate had need of all the shekels his uncle and friends could advance him to keep the wolf from the door.—I hope to gracious," he broke in petulantly, as he peered wistfully down the street for the beacon-light of the street-car—"I do hope we won't have to foot it at this witching hour, of night's black arch the keystone. You stay with me to-night; there's nothing doing at your college to-morrow forenoon; no use waking your folks." To make the wait the more disagreeable, a drizzling rain began to make itself felt.

"And even to-day a few fossils continue to hug themselves with the delusion that a man without a shining crown, or long white hair forever greasing his paper-collar, or a whisker like the back-hair of one of the Seven Sisters, or heavy, fluffy ringlets like the trade-mark on a bottle of Hair Restorative, cannot possibly be a competent physician. But, thanks to the gods—confound these street-cars, and the rain—hallo, there she's turning the angle, that's a red light, isn't it?" to which I assented, "but, thanks to the gods, a better idea of the doctor's qualifications and abilities has leavened the masses. And when did this begin?" Manifestly this was a straw man set up by the Doctor to be demolished instantar, as he answered his own query, "contemporaneously with the discovery of Homœopathy. Yes, I admit that fact," assented Dr. Gustibus as I reminded him of the baldness of the Sage of Cothen, but that's not the point I'm after. The revolution in the practice of medicine, by our Most Worthy Grand Master, which you will remember occurred during the active revolutionary spirit in our own country, or thereabouts, also brought about a revolution, though not quite so briskly, in the practitioners. In the dim, dark ages when every thing went by precedent and accumulated experience, of a necessity the physician was the 'wise' man of the day; and as Wisdom has always been reputed and believed to be the inseparable twin of Old Age, it came to pass that a man to be a doctor must be wise; to be wise he must be old; and to be old he must be bald or gray; then, presto! with the dust of centuries perched athwart his supercilious nose, the Attic salt excoriating his lip like an *Alium cepa* cold, he would deliver himself of platitudes in the ponderous Johnsonese affected by these disciples of Minerva."

"But, when Hahnemann prodded these pretenders with his keen satire and scathing logic, and established, or, rather, re-discovered, the Law of Similars," corrected my precep., "for Hippo-craytez, who lived so long ago that it is safe to charge him with every thing from the temptation of Eve to the decline and fall of the Chicago wheat steal, is said to have used the same law—when Hahnemann applied the Law he gave us a practice of medicine that rested not on precedents and

expedients, not on bald heads and gray beards, but on the solid and immutable foundation of God's truth !—That car's a long time getting here. Got a cigar about your clothes? No, of course you haven't. You don't smoke. There's no help for it, Tom; we'll have to go home; everywhere else is closed up—And when that was once established," my precep. had veered from cigars to bald-heads again, "it was no longer essential for the medical man to own a bald head, a flowing beard, a pair of horn spectacles, or a massive gold-headed cane and inlaid snuff box, in order to heal the sick; for the youngest and most feminine of countenance or demeanor, if gifted with proper understanding, a good education, and above all the medical talent, could thereafter do just as good, nay, the fact is better work, than the sage whose virility—reversing Nature's law—came not till decay had placed its hand upon his body. This was one reason why I have always had an additional great respect for homœopathy, for it is pay-tent enough that it took a great many years to wear this spot on my crown," uncovering and exposing his baldness to the sight of the overtopping gas-lamp and the descending drizzle, "for had I been obliged to wait for a livelihood until, like a slowly dilating os uteri, my baldness had reached the conventional text-book size of a silver dollar, I would long since have abandoned the profession."

"But I'm drifting again," and no wonder, considering the surroundings. The doctor broke the business-end off a match, putting the remainder between his teeth—to allay his nervousness he said—and having listened intently for a moment for the rumble of the car he said: "I'm trying to make the point that the Old School, still clinging to its hoary precedents, its musty tomes, its fabled age and wisdom, still finds need for the grossly tangible in its personal appearance as it does in its medicines; whereas the homœopath, indifferent to the rouge and tinsel of the stage, be he never so young in years, if properly instructed, will take his umble office opposite the parlors and gold-lettered sign of the allopath, and as he becomes known—how should a physician become known?" queried my instructor, his eye now in fine frenzy rolling, looking for the car, as he spat out the crunched and broken match, "by his works, of course—by their works shall ye know them; as the success of homœopathy becomes known, Little Pills in the quiet watches of the night finds his way into the sick-room, where theretofore the village oracle, Sir Overreach, the allopath, had been wont to drive up in great state and pomp and bustle and things. As I said before, the people are finding it out. This is pre-eminently the age of the Young Man—We'll have to hang on the hind platform I guess if the car ever comes this way. Slower than the wrath of God." I think I heard him mutter as he turned up the collar of his coat and the bottoms of his pant legs. "Have you ever attended the American Institute? Well, when you do, take a survey of the audience and be astonished, as I have been, to find so few bald pates among the assembled physicians. Those whom you will find are sterling good fellows, and are endowed with experience and many long years of success in addition to their baldness. But the covered pates far outnumber the baldies. This is true not only of the orchestra chairs but all over the house."

"I have in mind one young man particularly,—I may say, two," said Dr. Gus, as he endeavored to kick some warmth into his feet against the iron lamp post—"who I believe deserve to rank high, and, for that matter, they do so already among their immediate cong-fraires.—Tom, I believe that's a drug-store light we've been watching, or a street-repair signal;" after a pause, "no, I can hear the noise of the wheels—"one of these," evidently the young men and not the wheels," is Dr. Butler of Montclair, N. J.—C. W. his initials, which ought to be interpreted (if names were given nowadays as they were in the time of the English kings for attributes and not to please some friend or relative), Clear Writing, for his handiwork is apparent in nearly every journal coming to my table, either in the original or by copy, and if you examine my 'Hering' you will find the signature 'C. W. B.' frequently given at the end of interlineations. His worth as a good prescriber, debater, writer, and trusty friend to struggling medicos has endeared him to the medical public as well as to others; and if he is not made president of the I. H. A. at Niagara this year, as he is now of his State Society, it will be because he declines the doubtful honor associated with the hard work, or because some influence for other than the good of the society is at work. The other young man—here she comes—is in the West—jump on first, Tom, step on his feet if he won't move. High, there, driver, wake up! what's the matter with stopping the car? All right now. Let her go." It was the "owl," though more properly it ought to have been designated the "stag," for the seats were held down with painful laboriousness by belated stags who were loading the atmosphere with all shades of tobacco-smoke. We found "contagious" straps, and being curious, like the Sultan with Scheherazade, to hear the rest of the story, I reminded my precep. of the break. "What's that?" he shouted, the noise of the rolling car, the confusion and babel making it nearly impossible to hear. "Here's the fare, conductor—save your nickels, Tom, till you are able to ride—the other young man?"—he was not yet quite sure of my query—"oh, yes, to be sure; why, that's Cowperthwaite of Iowa," the car stopping a moment making it possible to hear; "you know him—President—Institute—Professor—College—Materia Medica—splendid fellow—good teacher—hair like Absalom," I think he said; the car had started again and the din and noise rendered continued conversation impracticable, but the Doctor was evidently saying something, for I could hear detached portions—"enterprising—progressive—fine presence—representative man—"

I gave it up finally; and when we turned the latch-key in his inside office I was too tired to enter anew upon the task of recalling a vanished train of ideas in my absent-minded preceptor.

The Southern Homœopathic Medical Association will hold its next annual meeting at Nashville, Tenn., October 12, 1888.

G. L. F., in the *N. Y. Med. Times*, referring to the report of the committee on pharmacy of the American Institute, quotes from the recently published volume: "Dr. J. P. Sutherland, of Boston, presented for Dr. Conrad Wesselhoeft a table, illustrating the comparative value of * * * mercurius solubilis. * * * There were ten proverbs [sic], five males and five females." *Mirabile dictu!* Do tell! Male and female proverbs.

TABACUM.



DECEMBER 7, 1887, Mr. —, aged about 60 years, called at my office and complained of great burning heat, and, as he expressed it, "inward fever," across the abdomen. Objectively he presented the appearance of one with weak circulation, either from heart or kidney trouble. The tissues beneath the eyes were "baggy," the abdomen large in proportion to the extremities, slight tendency to puffiness of the limbs. Chloasmata on the forehead. Subjectively, no symptoms to be secured other than those given above, except some shortness of breath on exertion and a liability to profuse perspiration of a somewhat cool and clammy character if subjected to any sudden excitement or strain physically or mentally. Analysis of water gave almost normal results. Examination of the heart, slight dilatation, but not enough to cause all of the suffering reported.

Prescribed at different times, arsen., acon., lach., sulph., digitalis, adonis, etc. The results were satisfactory in allaying dyspnœa and sweating, but no amelioration of the occasional attacks of abdominal suffering. I requested him finally to call me in the night (the worst attacks usually occurring in the night) when he had a severe attack. Was telephoned for the same night, and found him suffering intense anguish, with a tendency to chilliness and with a pulse of 48 or less to the minute.

A few powders of digitalin 2 x. relieved him, and so they would do every time thereafter, but they did not seem to ward off the attacks. Adonis in 8-drop doses did as well, but no better. I knew that he did not drink, smoke, or have any of those common habits; *i. e.*, thought I knew it. I noticed after these exacerbations a marked gloominess and melancholy.

Upon studying "Allen's Symptom Register," I found the only remedy that fully covered his condition was tabacum. It immediately occurred to me that though I had questioned my patient about the smoking, *et cetera*, it might be well to question more closely. On doing so I found that for years he had been in the habit of holding a small "quid" of tobacco in his mouth almost constantly, but so quiet and cleanly was he in this that no one knew it. Immediately advised its entire discontinuance and prescribed gels. 3 x. to control the heart symptoms, with an occasional dose of adonis, 8 drops, if necessary. Result, very prompt relief of the intense abdominal suffering. The symptoms which would

naturally occur with the heart trouble still present themselves at times, but are easily controlled.

I present this to the profession, not on account of there being any thing wonderful about it, but because the case had been under the care of some of the most prominent practitioners in the East without either diagnosis or relief, because tabacum is a remedy we rarely use, and because it was a case where one would be led to overlook the tobacco habit.

Just such points as these, which are liable to occur in everyday practice, are the ones it is well to keep in mind.

LINCOLN, NEB.

RHEUMATISM.

E. B. Nash M.D.

(Concluded from page 53.)

CHINA—Pain in all the limbs ; especially in metatarsal bones and phalanges ; cannot bear the least contact, as this increases the pains to a fearful height ; can't bear to have any one come near lest he should be touched (arm) ; bears hard, steady pressure better than light touch ; worse every other day. Pale and weak ; bloated. Aggravation from light contact ; alternate days ; after sickness or other debilitating causes, like loss of blood or other animal fluids.

Arnica—Also fears even the possibility of being touched ; fears persons coming towards him ; great soreness ; complains of the bed hurting him, it is so hard. Pains are tearing, with numbness of the part, also swelling. Podagra ; pleurodynia ; pressing pain in region of left side below heart day and night (below left mamma : cimicifuga).

Hamamelis is another remedy which has great soreness of affected parts, especially in the muscles.

Eupatorium perf. is another that is especially useful in aged persons, with sensation of soreness of the bones, leaving the ankles and feet swollen ; profuse, clear urine.

Among those remedies that are particularly useful in rheumatism with curvature and stiffness of the affected parts (arthritis deformans) we have causticum, which has tearing pain with stiffness and swelling of the joints ; contraction of the flexors ; rheumatism of the articulation of the jaws ; great weakness and lameness of the lower extremities and trembling of the hands ; aggravation at night with great restlessness ; in cold air ; being uncovered ; evening. Amelioration in warm air ; warmth of the bed.

Antimonium crud.—Both acute and chronic rheumatism or gout.

Gastric symptoms : prominent white tongue ; nausea, vomiting, and great thirst at night. Pains drawing, shooting, tensive ; shortening of the muscles and tendons with bending of the limbs, especially if there is great tenderness and soreness of the soles of the feet.

Guaiacum.—Arthritic lancements and subsequent contractions with pain from slightest motion. It is particularly adapted to syphilitic and mercurial patients who are very weakly ; it promotes the opening of gouty abscesses, greatly relieving the sufferer thereby. It has proved useful after the abuse of mercury in rheumatism, gout, contractions and antidoted beautifully causticum which had much increased the contraction of limbs in rheumatism.

Benzoic ac.—Arthritis deformans ; painful nodes in the joints, especially in syphilitic or gonorrhœal patients, with rheumatic diathesis ; pains go from right to left side and from below upwards ; urine highly colored (like French brandy) and of an exceedingly strong odor.

Lachesis.—Rheumatic swelling of the index finger, wrist-joint, or knees ; stinging or tearing and sense of swelling ; stiffness and curvature of the affected parts ; blue-red swellings. Sweats which do not relieve (mercury). Aggravation after sleep in open air, during damp weather, from exertion, and in evening, left side generally most affected, or begins on left side and goes over to right.

Now we will notice some of the more important remedies not yet given, which have a more general than local action.

Arsenicum.—Protracted cases ; burning, stinging, tearing pain, with pale swelling of the joints, pains felt during sleep ; great debility unto fainting ; restlessness and anxiety, especially at night ; frequent chilliness alternates with heat, wants the affected limb moved constantly ; external application of heat relieves pain but causes profuse sweating, which exhausts terribly. Aggravation every other day ; metastasis to heart.

Belladonna.—Red, shining swelling of joints of erysipelatous appearance ; stitching, burning, and throbbing pains, attended with high fever, hot, dry skin, thirst, congestion to the head, with the throbbing headache and pulsations of carotid arteries.

Pains coming and going quickly like electric shocks, or coming suddenly and staying a longer or shorter time and then suddenly disappearing. Worse lying than sitting.

Mercury.—Attacking joints and muscles with and without swelling, or a mere puffiness of the affected parts of a pale or slightly pinkish color, sometimes œdematous, tearing pain, not relieved by sweat, which is often very profuse, and of a musty smell ; constant feverishness, internal heat, with chilly creepings and perspirations. Moist tongue, with thirst ; tongue flabby, showing imprints of the teeth upon the side, salivation, slimy mouth, and fetid breath, coppery taste, or bitter or sweetish

Violent pain in decayed teeth, swollen gums, swollen glands, griping and diarrhœa, with frequent urging, especially towards evening. Sleepless, restless at night, great debility.

Aggravation at night; in warmth of bed and cold, damp air.

Nux Vomica.—When all the joints are invaded (puls.), especially the large joints, with pale, tensive swellings; numbness or twitching, and extreme nervousness and over-sensitiveness to pain; fever heat, especially showing in the red face, but wants to be covered; the least uncovering or movement makes him chilly; perspiration relieves gastric symptoms; constipation. Again it is especially indicated if the disease extends to the large muscles of the trunk, chest, and back. Jahr in his forty years practice reports a case which illustrates the value of nux in this condition. It is aggravated by cold, or open air, and by motion. Ameliorated by covering up, and perspiration. Sedentary subjects, drinking men, high livers, etc.

These four remedies are oftenest called for in acute cases.

Now besides caust., bry., rhus, and calc., which have already been noticed, we have leading remedies for chronic rheumatism.

Sulphur.—Erratic pains without swelling, especially from cold, dampness, or working in the water; commences in feet and travels upwards. When an acute attack has only partially yielded to other remedies and threatens to become chronic; tension or shortening of tendons, especially of feet, cramps in soles, burning feet; has to slide them out of bed; or cold feet and hot vertex. It would be unprofitable to give all the symptoms that might indicate sulphur. It has a very wide range, and with caust. and rhus. forms a trio of remedies invaluable in this complaint.

Lycopodium is another very valuable remedy in chronic forms, especially in old people; painful rigidity of muscles and joints, especially in the finger joints, feet, and ankles. Concomitants are sour taste and sour belching, flatulence, with much rumbling in the stomach and bowels; constipation; urine deposits red, sandy sediment.

Silicea.—Chronic gouty nodosities; rheumatism causing such soreness of the feet that the patient cannot walk. And right here let me call attention to two remedies, which besides calc., caust, benz. ac., and silicea, are very efficacious in chronic nodosities.

Graphites.—Arthritic nodes on the fingers; swelling of the toes and balls of the toes, coldness of dorsum of feet; stiffness of nape, or weakness of back when walking. Rheumatic pains, burning, especially in the left shoulder.

Ledum.—Arthritic nodosities, with violent pains, which grow worse in the evening, or at night when getting warm in bed, and last till midnight. (Erythema nodosum.) It may be also very useful in acute cases when the rheumatism begins in the feet and travels upward from joint

to joint, from toes to ankles, knees, hips, etc. The ledum rheumatism travels upward; pains sometimes alternate with spitting of blood.

I gave you the indications for pulsatilla, with its characteristics (migrating rheumatism).

Lac caninum also has migratory rheumatism, but with the same alternation of sides as it has in affections of the throat; *i.e.*, it attacks one ankle one day, and the opposite one the next, and back again the next; so also with the knees, hips, etc.; the aggravation of the pains generally occurs at 5 P.M.; the patient is restless like rhus.

Mangan.—Arthritis vaga: shifting from one joint to another, or affecting crosswise; red, shining swellings; burning spots about the joints; pain worse from touch and motion, and at night patient moans with the pain.

Kali bichromicum also has wandering rheumatic pain; is apt to alternate with gastric troubles, and to make its visits at regular times, as once a year, at the same time. I have had no experience with it in this affection.

There are several remedies that if you should ask them what part they prefer (as we say when we are serving up chicken at the table) would answer the shoulder. They are sanguinaria, ferrum, phytolacca, graphites, belladonna.

We have already indicated the latter two.

Sanguinaria—Rheumatic pain in right arm and shoulder, worse at night in bed; cannot raise the arm; motion (turning in bed) makes it much worse; besides this it has rheumatic pains in those places where the bones are least covered with flesh, but not in the joints; on touching the painful part the pain vanishes and appears in some other part; rheumatic pains in neck, shoulder, and arms.

Ferrum—Omodynia, either side, pain especially in the deltoid muscle; is of a constant tearing, drawing, laming nature; worse in bed, ameliorated by getting up and moving slowly about; ferrum phos. has served me the best.

Phytolacca—Pain in the arm or shoulders, especially about the attachment of the deltoid muscles. It is also valuable in syphilitic periosteal rheumatism, and is especially worse in damp weather and at night; chronic. Pains from hip to knee, all on outer side of the leg; also severe pains through ankles and feet; they swell and are stiff.

Caulophyllum—Rheumatism of the wrists and finger-joints, with considerable swelling; also when shifting from extremities to back of neck, with spasmodic rigidity of muscles of back and nape of neck, especially in conjunction with womb troubles.

HEART REMEDIES.

Cactus—Sense of constriction around the region of the heart (as if

grasped and held by an iron hand or band) ; acute pains and stitches ; attacks of suffocation or difficult breathing, with fainting; aggravation when walking or lying on the left side.

Digitalis—Irregular pulse, intermittent, or very slow, 40.

Lachesis—Shortness of breath after every motion (arsenicum) ; inability to lie down on account of a suffocating fullness in chest, with a necessity for removing all pressure from the neck; gasping for breath; worse after sleep; seems to sleep into trouble, and awakens worse.

Lithium carb.—Valvular insufficiencies caused by calcareous deposits, pains in heart, extending to head ; trembling and fluttering of heart; rheumatic soreness of heart ; painfulness of feet, ankles, metatarsus ; all the toes ; especially of the border of the foot and sole. Mostly gouty cases.

Spigelia, when, notwithstanding her fever continues, a rubbing sound commences. Stitching pain from very slightest motion, and violent throbbing, so that the motion of the heart can be seen through the clothing, endo and pericarditis rheumatica.

Spongia—Violent palpitation awaking one from sleep after midnight, with sense of suffocation ; loud, dry, hard cough ; great alarm, agitation, anxiety, and dyspnœa.

With this I close my indications for therapeutics of rheumatism. Many remedies are yet left out, also many symptoms which will be found in individual cases. Only a close study of the *Materia Medica* and abundant experience can make you acquainted with our wonderful resources. Don't use local applications. I mean medicines, liniments, etc. They are dangerous. Hot or cold water or wrappings, as the patient may desire, are all right. And don't give morphine for sleep, or quinine to strengthen. Your true anodyne and tonic resides always in the homœopathic remedy.

CORTLAND, N. Y.

SURGICAL NOTES BY PROF. E. ALBERT, VIENNA.

Translated by

Lilienthal

On Inguinal Hernia.—I always felt astonished that in most stores for surgical appliances we always find any quantity of unilateral trusses, whereas the bilateral ones are scarce, and the makers of trusses, as well as many physicians, labor under the false idea that the former are the most frequent, whereas my experience teaches just the contrary, for I

found only exceptionally a person who had on one side a fully developed, or just beginning, inguinal hernia, without showing on the other side the symptoms of a dilatation of the inguinal canal. Classifying these herniæ we find :

First. Perfectly developed hernia on both sides. Especially interesting are those cases where one hernia protruded for a long time as scrotal hernia, whereas the later one is only found in the inguinal region, and though it existed for years it fails to descend into the scrotum and remains a bubonocèle.

Second. On the one side a fully developed hernia ; on the other side an interstitial hernia, *i.e.*, an open inguinal canal, and during cough we feel the hernia pressing against the abdominal walls.

Third. Interstitial hernia on both sides.

Fourth. On one side fully developed or interstitial hernia ; on the other side an abnormal largeness and configuration of the inguinal ring and a decided forward pressure during cough, but no swelling can be felt.

It may be true that cases of number four do not yet represent a bilateral hernia, for we can only speak of such a one where we feel the tumor ; and I mentioned, therefore, the interstitial hernia where the lower end of the forward-pushing hernia appears as a tumor, especially when the patient stands and expires deeply. All such patients ought to wear the double truss.—*Wiener Med. Presse.*

SAN FRANCISCO, CAL.

TEA AS A HEART-IRRITANT.

H. P. Holmes.

I WISH to give my experience in the use of tea as a beverage acting as a heart-irritant and as a complication in the treatment of functional heart-troubles.

For some time previous to my first course of lectures at Hahnemann College I had been troubled with symptoms which led me to fear heart-disease. These troubles were mainly at night, and came in the form of repeated nightmare, from which I would wake more or less frightened to find the heart beating very slowly, heavily, and at times with a force sufficient to shake the whole body. The pulse at these times was often as low as in the forties, and on one occasion I counted it at thirty-six immediately on waking, and with no other movement than to quietly take my watch from under my pillow. Medical treatment from home physicians only modified the trouble without effecting a cure. So, as opportunity offered, I consulted Prof. Fellows. The most careful ex-

amination revealed no heart lesion, and I received the encouragement that it was only a nervous affection which would pass off when I had left the lecture room and would have more out-door life. Remedies again produced no effect. Thinking my trouble might be due to smoking, I gave up the use of tobacco for a year ; but instead of being benefited my trouble grew worse continually. During the summer intervening between my two courses of lectures I suffered, during the nights, all the horrors of Dante's *Inferno*. Almost invariably a horrible nightmare came to me on first going to sleep. These were especially aggravated by sleeping on the left side, the side on which I had always slept the best. These visions took the form of robbers, murderers, ghosts, wild animals, and countless snakes. All seemed bent on doing me some bodily injury, but I always woke in a terrible fright just as they were about to effect their purpose. At other times I would find myself falling and would wake with the life well-nigh scared out of me. Matters got so bad that I dreaded to go to sleep, and often sat up until the small hours to shorten my night of torture. During the day there was frequent intermitting of the pulse, and frequently the intermitting beat was accompanied by an involuntary cough.

In this condition I entered upon my second course of lectures, expecting, as a son of Erin would say, to wake up most any morning and find myself dead. I again passed under the examination of our professor, and was again assured that the trouble was only a nervous one. Two or three more remedies were tried without effect.

One evening at supper, a fellow student incidentally remarked that he could not drink tea, as it gave him palpitation of the heart. I was inclined to doubt his statement, but he assured me that he had tried it repeatedly ; whenever he had drunk tea for any length of time he was troubled with palpitation of the heart, and it always left him on giving up that beverage. This set me thinking ; I saw that my whole trouble had been coming on since commencing to drink tea when eighteen years of age. I stopped drinking tea that night, and took no more medicine for my trouble. To my great surprise and greater delight I was wholly cured in two weeks. No more palpitation, no more nightmare, no more dread of going to sleep, and I could sleep on my left side as well as on my right. Since then I have tried the tea-drinking many times, and invariably find that one cup of tea at night for three or four nights in succession will bring on dreams too horrible to make life worth living. As far as I can determine the different kinds of tea make no difference in the results.

Since then I have applied the knowledge gained from these experiences to my treatment of heart troubles. Where no organic lesion can be detected, and where close questioning brings out these four points : heart-trouble, bad dreams, dreams worse while lying on left side, tea-

drinker, I have found marked relief to follow the strict avoidance of tea. I will relate two cases from practice which will serve to show the results obtained.

CASE 1.—A merchant had supposed himself in a hopeless condition from heart disease ; was examined some years ago by Dr. Hale, whose diagnosis, I believe, was no organic lesion but the trouble seemed due to a loss of nerve force, and that organic lesion, would very likely follow if the trouble was not corrected. My patient was in a very anxious frame of mind, and told me if I found his heart in a bad shape he rather hoped I would lie about it. I could detect no organic lesion by the most careful examination, nothing but the irregular, unsteady, nervous action. I asked him about tea-drinking, and found him to be not only a tea-drinker but a man who prided himself on being a judge of the article, and a great lover of the beverage. Still he was willing to give up the use of tea if I thought best. One or two prescriptions, which I think had very little to do with the case, and the strict avoidance of tea, put him in a better condition than he had been in for years. A year afterward he came to me with the same old trouble. My first question was in regard to the tea-drinking. He laughed and plead guilty, saying his friends had persuaded him to drink it, as they did not believe it would hurt him. His reformation was followed by immediate improvement. Since then he has had two relapses from the same cause, and each time improved on giving up the use of tea.

CASE 2.—The other case is a patient from Boston who was examined by a physician there and also in New York for supposed heart-trouble. No organic lesion could be detected, and no improvement followed the treatment in either case. He incidentally or accidentally came to me and told his story. He loved tea better than tobacco or whisky, although he used all three *ad libitum*. He drank a great deal of tea, often three or four cups before retiring. Bad dreams, an irregular pulse, and oppressed breathing. No medicine at all, and giving up the use of tea, corrected his whole trouble in a very short time.

These are but two cases cited from several years of experience, and are samples of the good results following this kind of treatment. My object in presenting this paper is to bring the question before you, as I have never seen any literature upon this subject. It is a question in my mind if tea does not have a great deal to do with many cases of heart-disease, and I am certain that it is a serious complication arising in the treatment of heart-diseases.

Since first writing this article I have found the following symptoms under the divisions "Heart" and "Sleep" in the pathogenesis of Thea in Allen's Encyclopædia. Heart's action—heart sometimes palpitated and other times seemed motionless. Palpitation—palpitation of the heart at night with inability to lie on the left side. Palpitation of the

heart : on examination, I generally find dilation with thinning of the heart. In the worst cases that are on record, the fluttering of the heart has been succeeded by a momentary suspension of its action and long-continued swoonings. Pulse in some cases weak and slow, in others fluttering or intermitting. Sleep—sits up late at night because she can not sleep, and often lies awake until morning ; troubled dreams, waking at intervals ; awoke suddenly as from a struggle of incubus. The ordinary effect of green tea taken late at night is incubus or nightmare in its most formidable shape ; and many persons who, after a hearty dinner, have taken green tea, wake in the midst of the night in a state of most fearful agitation and excitement ; the head is oppressed, a sensation of approaching death is felt, or sometimes the person seems to be dragged from the lowest abyss of darkness back to the world, from which, during his paroxysm, he had felt himself gradually to sink. Horrible dreams, etc.—*The Clinique*.

SYCAMORE, ILL.

SOME REMEDIES "WHICH DON'T WORK."

Lyons, M. Babcock

I HAVE many times heard physicians say : "I get no results from lycopodium," or "carbo-veg. never works for me," or "lachesis is no good," and quite recently a physician of ten years' experience said in my hearing : "Damn apis ; there is nothing in it."

I want to say briefly that I prescribe all of the above-named remedies with the same confidence that I have in giving aconite, belladonna, or rhus, when indicated. I use the 30 x dilution of lycopodium, the 6 x trit. of carbo-veg., the 12 x or 30 x of lachesis, either trit. or dilution, and the 3 x or 6 x trit. of apis. I do not think I ever got satisfactory results with carbo-veg. in dilution. Lachesis has served me especially well in cases influenced by the climacteric.

On one occasion, I was called to treat a case of diphtheria in a lad of seven years. Throat, tonsils, mouth—in fact, every thing that was exposed to view when patient opened his mouth—showed small ulcers, bluish white on purplish background, bleeding easily ; temp., 103.5° A.M., 104° P.M. ; pulse 128–134 ; tremulous, intermittent, not strong ; tongue whitish, moist, *very tremulous* ; left-sided characteristics. Gave lachesis, 12 x dilution, for six days. No aconite, no bell., nothing but lachesis. Patient held satisfactory condition right along until the

seventh day, when so much blood was thrown out of the mouth that I gave a few doses of nitric acid, 3 x dilution, which stopped that condition. Patient made good recovery.

In many conditions, when the patient calls for the use of a fan, I am frequently led to enough symptoms to warrant the exhibition of carbo-veg., and remember many good results therefrom. In flatulent indigestion where the gas in the stomach all wants to go upward, with pain running through to spine and up into chest, carbo-veg. 6 x trit., serves me well.

Was called by Dr. D. to see a patient whom he was about to despair of saving; found a young man in bed and apparently within forty-eight hours of dissolution. We looked him over carefully, and found a preponderance of well-known lycopodium symptoms; I advised lycopod. but Dr. D. demurred, saying: "I know lycopod. is plainly indicated, but I have no faith in it; it never works for me." "What kind of lycopod. have you?" I asked. "The 3 x and 6 x trituration," replied the Doctor. I had some of the 30 x dilution, which we gave. In one hour the patient was better; within twelve hours there was such a general eruption all over the body that Dr. D. gave *urtica urens*, foolishly, I think, but it did not stop the upward course of the patient toward complete recovery.

I have a case now of facial erysipelas, where it was hard to decide between bell., rhus, and apis. I finally gave bell., for many well-known indications, gave it steadily for forty-eight hours, 3 x dil. and 30 x dil. alternately. At the end of that time, no change for the better; took another inventory and still found bell. to have a majority *numerically*. Apis was a good second, with rhus urging her claims with some reason. Now, here was a dilemma. Some expert will say that I should have no trouble at all in differentiating between the three drugs.

Bell. claimed the right of way, for the bright red, shining skin, the non-vesicular variety, face most involved, delirium, headache, aggravation from light and noise, sore throat, etc., etc. Rhus tox. disputed the "pretty lady's" claims because the erysipelas began on the left side and spread to the right; because it also has bright redness of the skin, and not necessarily vesicles; because there was more swelling than bell. has; because of the extreme restlessness and inability to sleep before midnight, and aching of limbs, better from motion, etc., etc.

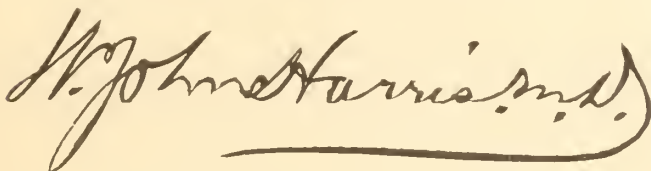
Apis said: "I have erysipelas, especially of the face and scalp; I have swelling of the tissues [present] and burning pain, no special thirst, restlessness like rhus, dry, red tip of tongue [present], dark red urine [present], etc., etc.

I decided for apis on the vesicles; had there been vesicles, rhus must have been my choice. The patient has been on apis 3 x trit. for forty-eight hours, and is considerably improved.

I have given the above cases in brief, not to tell when apis, lyc., carbo. veg., or lach. may be indicated, but to show that they will all do good service in some potency. Also to show that, though bell. may claim twelve symptoms in a given case, apis may, with but seven symptoms apparent, have a superior claim, as shown in one of the above cases. This goes to the question of the relative value of symptoms.

COLUMBUS, WIS.

SANITATION OF THE SCHOOL-ROOM.*

A handwritten signature in dark ink, reading "H. John Harris, M.D." with a long horizontal flourish underneath.

I DON'T believe there is a better plan than for girls to be assigned a certain amount of household duty during two or three years of their developing age, say from thirteen to fifteen, and in addition using light calisthenics. During these years their studies should be very light indeed. By this arrangement they will learn the rudiments of house-keeping that may be of life-long value to them; and having passed safely over the critical age can again resume their studies in earnest.

I call particular attention to the girls, because they require by far the most important consideration, and the out-door games and occupations of the boys tend to obviate what the sedentary tasks of their sisters but tend to increase.

Thousands of young children are at this time bending over their books in the crowded school-room, straining their eyes, narrowing their chests, and bowing the back, upon whose erectness they should in future depend, not only for support, but for health. A few years hence these very spines, now strained, weakened, and probably curved, will be called upon, without further preparation, to bear the brunt of the great requirements of society, and if they cannot stand the pressure the system gives way, and we have as a result consumption or some other chronic affection developing.

The remedy lies in a proper division of study and recreation, not simply rest from study, but suitable and judicious muscular exercise, fresh air, and good food.

At school light gymnastic and calisthenic exercises are the most suitable for girls—out of doors, a reasonable amount of walking, in fine

* Culled from an unpublished essay read before the Missouri Institute of Homœopathy, 1887.

weather, should be taken daily by the scholars who consider themselves too old to play.

The system of manual education for boys is one that commands our most hearty commendation: it is one of the best means to find out what a boy is fitted for, and will in this way help to answer that very often most difficult question—"What shall I put my boy to?"

The mechanical education that is obtained at a proper manual training school will be of life-long benefit to most boys, and while it may not be practical to introduce such a system into our public schools at the present time, some modified plan would be most beneficial in those towns and cities where no manual training school exists.

One central thought must stand out prominently as a guide in all physical exercise in our public schools—in fact, it should be remembered in respect to all schools—and that is that all violent forms of exercise are dangerous, causing organic or functional diseases of the heart, ruptures, and other injuries to the vital organism.

Exercise and work in moderation are health-giving and are necessary to human life and human welfare.

At what age should children begin their regular studies? From seven to eight years is certainly soon enough to put a child to regular study, and then three or four hours out of the twenty-four is quite long enough, and these hours should not be continuous. When the kindergarten is in operation there can not be a better plan than having the young children attend for half a day from six to eight years of age. In this way many valuable lessons are learned without much mental effort. As the studies are increased the body tissues should have become stronger and more able to withstand the strain.

Standing for recitations should not be over fifteen minutes without change. Particularly with girls this rule should be enforced, as they are probably more liable to spinal curvatures during school life than boys.

If any one will take the trouble to look over the course of study in most of our public schools, they will not but notice that there is a great increase in the number of studies about the time most scholars reach the important age of thirteen to fourteen. With both girls and boys their studies are not particularly hard up to this time, they generally play out of doors a good deal, eat well, and sleep well. Now, however, their studies become harder. Algebra is added to the course of study, when there is not one girl in a thousand, unless she be herself hereafter a teacher, that it is likely to be of any practical use to. Greek also, and faraway Latin too, had better have remained dead languages. The time occupied with these studies for the girls could be better employed with English literature and music, thus saving them some of the hours devoted to home study.

At this time, especially with the girls, the period of more active growth sets in, though with some of them, of course, it may be a year or two later. Remember that at this age, too, the tissues are all tender and can not bear extra strain, and that this extra demand on the system, to supply the material to build up new tissues, makes the child more liable to disease and much less able to stand the strain of extra study. For this reason the scholars should study less, and have more out-door exercise during the growing period.

It is generally just about the time of the critical age in a girl's life that the lessons increase with every succeeding quarter, and to keep up with the class many are compelled to study till late at night. Thus there is a double demand on the young girl's vitality—that of increased study, and the strain on the muscular and bony systems of increased growth; but after she has passed safely through the developing age, and her health is established, she can stand the demands of study even better than a boy can, and, given the same opportunities with studies that are adapted to both, will often make a far better showing at the end of the scholastic year than the boy can do. The boys, physically, have an advantage over the girls at this time, because there is not so great a strain on the nervous system at this age; they mature more slowly, and are more likely to take a greater amount of out-door exercise than girls do; once free from the thralldom of school they break loose, and so unbend their backs and give their lungs free play, while the girls saunter home with their arms burdened with books.

Co-education, or the education of boys and girls together, beyond a certain age, is, I believe, a mistake.

As education should always be directed to definite ends, it stands to reason that the boy should be educated for the duties and responsibilities of manhood, and the girl for the corresponding duties of womanhood.

As a general rule I believe the girls can study better than the boys; so that I am not going to advocate less culture for the girls, but what I am anxious to see is the course of study so modified that the girls shall be taught those branches which are the most likely to be of practical benefit to them when they enter upon their life work.

In our high schools there is always a greater number of girls. The reason for this has always seemed to me to be because from the age of puberty the aims in life of boys and girls are essentially different. Boys whose parents can not afford to have them attend school after fifteen are compelled to go to work; this takes a great many away from the high school, while the girls continue to attend. Then parents who are more wealthy generally send their boys to schools especially for them; hence for this reason I am not in favor of co-education, after a certain age, in our public schools.

Boys need different studies, from the time they begin to mature till

they leave school, to what the girls do. The girl needs to be fitted as much as possible for household duties, but if she has any special aptitude for any line of study or business, then she should take that up as an individual after she leaves the public school, on precisely the same plan that the boy is fitted for his special business or profession afterward.

Much time and worry would be saved to the pupils if the course of study for the high school was so changed that the girls could take some different branches from the boys.

ST. LOUIS, MO.

DR. MARTIN'S REPLY TO THE QUERY OF W. M. D.

Time is too precious to waste it in discussing the hackneyed question you propose in your "query" contained in January number of the *American Homœopathist*. Whether or not my patient would have recovered under the *vis medicatrix naturæ* I do not know, and neither does any one else. But this I do know, that I was called to the aid of a very sick child; I took note to the best of my ability of all the symptoms presented. I had already given sufficient time and attention to the study of the homœopathic *Materia Medica* to know that *lycopodium* was the remedy that was homœopathic to this case. I prescribed it in the thirtieth potency, and the child rapidly recovered.

This is the mode of treatment that I have pursued ever since I commenced the practice of medicine. I learned it from my preceptor and from the teachings of the homœopathic colleges in New York City and Philadelphia. I have had very fair success—indeed some say that I have had phenomenal success. I think it would not be wise for me to abandon this system of treatment and trust my cases to the *vis medicatrix naturæ*. No, not even to solve your query; for me it has been solved long ago.

Neither do I think it would be wise for us—pardon me for using the plural pronoun—to consume valuable time in argument upon this matter; better would it be for me, and I venture to say for you too, that we devote the time to more thoroughly familiarizing ourselves with our *Materia Medica*. Such a one for instance as our last, and one of our richest acquisitions, Farrington's "Clinical *Materia Medica*."

Affectionately yours,

W. J. MARTIN.

CARSON STREET, PITTSBURGH, PA.

BOOK REVIEWS.

HUMAN FACES, WHAT THEY MEAN, by JOSEPH SIMMS, M.D. Murray Hill Publishing Co., New York: 1887.

Not necessarily what might be termed a medical book, yet so closely related to it that we give space to a brief review. The topic selected, that of portraying the human face, pointing out its strong and weak points with the aid of upwards of 200 engravings, is one that will interest even the busy physician as he turns from the midnight plodding in

the pages of his *Materia Medica* to a half-hour of communion with something not directly in the line of his former research and yet sufficiently instructive to repay the digression. In so far as the illustrations go to depicting the radical differences in faces, and in ascribing to these deviations certain qualities either of a minus or plus variety, the work is excellent. But we beg to differ with the author when he appends instructions to his essays, advising the possessor of a wrong-shaped head what to do to cultivate a trait diametrically opposite to the one already possessed. Even granting that a minus head could reason with a plus brain, we do not believe that any amount of plus reasoning can convert a receding forehead into an upright, and a pug nose into a Roman nose, or a Tom Thumb into an Abraham Lincoln for stature.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA, Twenty-third Annual Session. 1887. Philadelphia, Sherman & Co., Printers.

It is always a pleasure to receive and review the annual volumes of this progressive society. We have now three of these annual volumes on our shelves, and it is a "cold day" indeed when we fail to find matters in their composition sufficiently interesting to read and re-read, and to annotate for translation into our working library. We have heretofore spoken of several of the papers contributed to this last volume, but with no purpose of depreciating the remaining articles. "Cervical Endometritis," by the Philadelphia County Society, will rank with the Repertory papers. We are glad to find our good friend Dr. W. K. Ingersoll interested in this county paper, for he never fails of doing good work. The discussions, wherever chronicled, show the ripe and experienced stenographer. The poet of our profession, the author of "Humanity," has a few extemporaneous remarks on "Fibro-Myomata of the Uterus," which are in the usual felicitous vein of that gentleman. The work of the Bureau of *Materia Medica* is well done and deserving of much praise. The address of welcome by Dr. J. B. Burgher, of Pittsburgh, is worthy of our good friend. What more can we say of this volume, except that we haven't one word of unpleasant criticism?

THE PRACTICE OF MEDICINE AND SURGERY APPLIED TO THE DISEASES AND ACCIDENTS INCIDENT TO WOMEN, by W. H. BYFORD, A.M., M.D., Professor of Gynæcology in Rush Medical College, and of Obstetrics in the Women's Medical College; Surgeon to the Woman's Hospital of Chicago; Ex-President of the American Gynæcological Society; Ex-Vice-President of the American Medical Association, etc., and HENRY T. BYFORD, M.D., Surgeon to the Woman's Hospital of Chicago; Gynæcologist to St. Luke's Hospital; President of the Chicago Gynæcological Society; Member of American Medical Association; of Illinois State Medical Society; of Chicago Medical Society, etc. Fourth Edition, Thoroughly Revised, Rewritten, and Enlarged by over One Hundred Pages. With Three Hundred and Six Illustrations, One Hundred of which have been Specially Drawn and Engraved for this Edition. From Original Drawings Made from Life or Based on the Observations and Investigations of the Authors. 820 Pages. P. Blakiston, Son & Co., Philadelphia, Pa.

This work, which now appears in a fourth edition, is as complete and meritorious a volume on the topic discussed as has ever come to our

table. The descriptive matter is in clear and unmistakable terms, and its illustrations are ample for even a tyro in the study. While the medical treatment advocated is not always consonant with that of our school, the work as a whole is so excellent that we do not hesitate to recommend it. It does not assume that a given state of affairs is always true ; but it resolutely goes to work *de novo* and produces convincing proof that it is so. As already intimated, in regard to its therapeutics it does not at all times conform to our standard, but, as has been correctly said by another reviewer, "the treatment recommended will be found to be abreast of the times, while a judicious conservative spirit running through the pages gives confidence to the reader." Chapter XVII., "Sympathetic or Reflex Symptoms of Uterine Disease," is an interesting one. Prof. Byford has placed the profession under obligations for his clear exposition of this most difficult of all the specialties.

THE HOMOEOPATHIC PHYSICIAN'S VISITING LIST AND POCKET REPERTORY, by ROBT. FAULKNER, M.D. Second Edition, Boericke and Tafel, New York and Philadelphia.

The value of this list to the physician is so well established that it seems almost a matter of supererogation to repeat its virtues. Its Obstetrical Calendar, Poisons and Their Antidotes, Ready Method in Asphyxia, Table of the Pulse, and 89 pages of a handy Repertory, as well as printed forms for Daily Engagements, make it as handy, compact, and valuable a pocket-book as any practitioner could desire. Its arrangement for recording Daily Engagements is admirable, in that it avoids the doubtful policy of some lists of scattering the daily business over the entire alphabet, by this means giving no ready clue to the amount of daily work done, and no record of medicines used. The publications of Boericke and Tafel are always of a high order of merit, and this visiting list in no wise deteriorates from that standard.

FEVER NURSING. Designed for the Use of Professional and Other Nurses, and Especially as a Text Book for Nurses in Training, by J. C. WILSON, A.M., M.D., author of a "Treatise on the Continued Fevers," Visiting Physician to the Philadelphia Hospital and the Hospital of the Jefferson College, etc., etc. Philadelphia, J. B. Lippincott Co., 1888.

This volume of 200 pages forms one of a series of four excellent hand-books under the general title of "Practical Lessons in Nursing," by various authors. The present volume, as its title implies, is especially devoted to nursing in fevers, and is the practical outgrowth of a course of lectures twice delivered before the Nurse Class at the Philadelphia Hospital. Its general division is into seven chapters, three on fever nursing in general, and the remaining four to continued fevers, periodical fevers, eruptive fevers, and fevers with marked local manifestations. A cursory reading of the several chapters has convinced us that this handbook contains much that will be of interest to the practicing physician, and especially those of our school, many of whom, alas, are woefully deficient in aught save the application of remedial measures. We commend the work, and while we have not seen the other three of the series, make no doubt from the titles and the authors that they are equally valuable.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, by GEO. HENRY FOX, A.M., M.D., Second Series. E. B. Treat, No. 771 Broadway, N. Y.

The first two parts of this work are now on our table, and are in no wise inferior to the same numbers of the first series; but, *au contraire*, have added much of value, particularly in the descriptive matter, which was not found in the original issue. As is doubtlessly well known, the plates contained are from actual plates transferred by the artotype process; so that the reader looks upon a veritable copy of the disease represented, and not upon a picture prepared by an engraver from a photo. These photo-illustrations are still further enhanced and made life-like by being colored. The work will be complete in twelve parts at \$2 a part.

SEXUAL IMPOTENCE IN THE MALE AND FEMALE, by WM. A. HAMMOND, M.D., Surgeon-General, U.S.A. (Retired List); Professor of Diseases of the Mind and Nervous System, at N. Y. Post Graduate Medical School, etc. pp. 305. Price \$3. Detroit: Geo. S. Davis, 1887.

Without a doubt Dr. Hammond has added a text-book to our working library which cannot fail of proving interesting and instructive to every practitioner of whatever school of practice. The subject selected is one the proper treatment of which requires the experience and ability of an able physician and ripened scholar. The descriptive matter, being divided into a half dozen chapters at most, is so graphic, yet withal so chaste and refined, that it cannot prove other than a help and guide to whoever may need its advice or instructions—and that there are many of these the practitioner very well knows. It is replete with information necessary for the physician, and will repay a careful perusal.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY, including Localized and General Faradization; Localized and Central Galvanization; Franklinization; Electrolysis and Galvano-Cautery. By GEO. M. BEARD, A.M., M.D., and A. D. ROCKWELL, A.M., M.D. Sixth Edition, Revised by A. D. ROCKWELL, M.D. New York: William Wood & Co., 1888. Pp. 758.

As a practical text-book on the general subject of electricity applied to medical and surgical occasions there can be no question that this work ranks high. No pretense is made by the reviewer, of course, of having read and critically examined the book from cover to cover, but such chapters as have been selected at first at random, and subsequently others in continuation or more complete explanation of the desultory reading, very clearly convinced the critic that the subject was handled in a manner betokening great learning and applied skill. We refer now in especial to the chapters from XV. to XXXVIII., which are devoted to the following subjects: Hysteria and allied affections, insanity, cerebral and spinal congestion, neuralgia, anaesthesia, paralysis, locomotor ataxia; progressive muscular atrophy; rheumatism and gout; spasmodic diseases; diseases of the skin; organs of digestion; of women, of children, of the genito-urinary organs; of the larynx; of the eye; of the ear; midwifery, artificial respiration, heart and lungs, exophthalmic goitre. As may be seen at a glance these chapters would prove interesting to the general practitioner. Illustrations

tive cases are added in abundance, thus providing a practical clinical application of the principles discussed in the text. A number of pages are devoted to electro-surgery. The authors say that the changes and additions in this work, as successive editions have been issued, have been confined mainly to physics and physiology and the department of nervous diseases, where electricity has wrought its best results. Of the mechanical part of the work, the letter-press, type, binding, and cuts, there is nothing new to add to the uniform praise which is accorded this firm in all their publications.

THE N. Y. MEDICAL JOURNAL VISITING LIST AND COMPLETE POCKET ACCOUNT BOOK. New York, D. Appleton & Co.

A chief merit of this pocket-book consists in the fact that the system of notation employed is not composed of arbitrary characters, the symbol itself disclosing its meaning. The usual handy information contained in a pocket-book finds place here. The arrangement of the accounts has the merit of being compact and readily accessible.

Each page is arranged for three patients, to the number of thirty-one visits each, which may have been made during a current month or may extend over a number of months, according to the frequency of the visits. By this means the necessity for searching through several closely written pages to ascertain how many visits have been made is obviated. Arrangement is made for 375 accounts.

The *Century* for March contains several features of romantic interest.

First, in uniqueness, perhaps, is Mr. Kennan's continuation of his revelations in regard to the Russian state prisons, the details of which are remarkable for interest and bear every evidence of authenticity. An interesting incident related by Mr. Kennan is the celebration in the House of Detention at St. Petersburg of the Centennial Fourth of July.

A narrative paper of thrilling detail is Captain Frank E. Moran's account of the planning, mishaps, and finally successful execution of Colonel Rose's tunnel at Libby Prison, the narrator having been one of the party who escaped.

Captain Moran's paper is so realistic that a lady friend of ours reading it declared that she really suffered in the sufferings and trials of the poor men, and felt as if she must help them some way. It was impossible to do any thing else until Col. Rose broke the crust of earth above him.

St. Nicholas for March has an illustrated paper by the genial Frank R. Stockton on "The People We Meet." Those who have read after Mr. Stockton—and who has not?—need no recommendation from us for this paper. It is in this best vein.

"Onatagos's Sacrifice" is a happy literary effect.

BOOKS RECEIVED TOO LATE FOR REVIEW IN THIS ISSUE.

A PRACTICAL MANUAL OF GYNÆCOLOGY, by G. R. SOUTHWICK, M.D. Assistant Professor of Obstetrics in the Boston University School of Medicine, etc., etc. Pp. 408. Price \$3 75. Boston: Otis Clapp & Son. 1888.

DISEASES OF THE HEART AND LUNGS. By JAMES R. LEAMING, M.D., Emeritus Professor of Diseases of the Chest and Physical Diagnosis in the N. Y. Polyclinic, etc., etc. Pp. 300. Price, \$2.75. New York: E. B. Treat. 1887.

THE PRACTITIONER'S GUIDE TO URINARY ANALYSIS. By CLIFFORD MITCHELL, A.B., M.D., Author of "Physician's Chemistry," "Clinical Significance of Urine," etc., etc. Second Edition, Revised and Enlarged. Pp. 180. Chicago. 1888. Gross & Delbridge.

SIMILIA SIMILIBUS CURANTUR? By C. S. Mack, M.D., Addressed to the Medical Profession. Pp. 31. 40 cts. Boston and Providence. 1888. Otis Clapp & Son.

TREATISE ON HUMAN PHYSIOLOGY FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. By HENRY C. CHAPMAN, M.D. Philadelphia, 1887. Lea Brothers & Co. Pp. 945.

SIMULATED EPILEPSY CAUSED BY EAR DISEASE. By JAMES A. CAMPBELL, M.D., St. Louis, Mo., Professor of Ophthalmology and Otology in Homœopathic Medical College of Missouri.

OUR EXCHANGES.

—QUININE VS. OPIUM.—Mr. John Ferguson, a resident of Ceylon has drawn attention to the widespread use of opium in malarial districts, and he ascribes the opium craving in such places to a low type of fever. He believes that sulphate of quinine, and even the other alkaloids from cinchona bark, counteract the ill effects resulting, and his suggestion is that quinine removes the craving and acts as a substitute for iaudanum. This explanation is obviously insufficient. Quinine evidently combats the malarial influence, and thus removes the low state of depression which favors the opium habit, into which the unfortunate people gradually glide in the attempt to forget their physical condition. In this way only does it appear probable that quinine acts in superseding the need for opium, its action being tonic and prophylactic rather than antidotal.—*Lancet*, Dec. 24, 1887.

—*Homœopathic Physician*—*A Silicea Case*.—Two cats had a fight. One of them was *our* cat. *Our* cat gained the victory, but he received a wound in his left cheek, inflicted by the dirty claws of the other cat. The wound being thus poisoned by the inoculation of the septic matter, speedily degenerated into an ulcer, from which flowed an *ichorous, offensive pus*. So offensive was the odor that we were obliged to exclude his catship from our highly desirable society—greatly to his surprise and displeasure. The ulcer also increased, it is probable by reason of his constitutional tendency to mange. He had only just recovered from an attack of the latter under Bell.²⁰ For the offensive ulcer we now prescribed *Silicea*²⁰, two doses. In three days the odor was entirely removed; in a week the ulcer was practically healed, and he was restored to his place in the "bosom of the family."

—*The Clinique* (Prof. Shears).—The great objection to intubation of the larynx is the difficulty of properly feeding the patient. The closure

of the larynx is effected in health by the combined action of the constrictors of the larynx and the epiglottis. The former muscles are prevented from acting by the presence of the tube, and in many instances the epiglottis is prevented from closing the aperture by the head of the tube. It is evident, therefore, that deglutition will be accomplished with difficulty. Fluids especially are liable to get down into the larynx and excite violent paroxysms of coughing. Solids and semi-solids are swallowed much better and are to be preferred. In most instances it is best to refrain from all food or drinks for two or three hours after the insertion of the tube. If the child is hot and restless a little cracked ice may be held in the mouth. The first feeding should be done by the physician himself. A very good food is undiluted condensed milk. This being semi-solid, tenacious, easily passes over the tube without getting into the larynx. Other food, such as frozen milk, scrambled eggs, corn starch, ice cream, thick soups, and oatmeal are taken with difficulty, while in others no form of food is tolerated, and nutrient enemata must be relied upon to support the patient. Dr. Waxham has made an effort to overcome the difficulty by decreasing the size of the head of the tube and placing around the tube a rubber collar with an artificial epiglottis attached.

The collar projects sufficiently to prevent the tube from slipping into the larynx, and fits more closely than a metallic tube. When the child swallows the epiglottis presses the artificial epiglottis down over the aperture of the tube, and as deglutition ceases the natural elasticity of the rubber throws the artificial epiglottis upward. I have not had sufficient experience with the different forms to determine the relative value of this addition, but that it does not overcome this difficulty entirely has been shown to me in several cases.

Diphtheria in Animals.—In the windpipe of a pigeon brought to Dr. Turner for dissection he found a consistent membrane exactly like what is seen in membranous croup. By inoculation a similar disease was produced in the fauces of other pigeons. In 1883 an epidemic of diphtheria in the village of Braughing was preceded by a disease of like character among the fowls belonging to the farm which was first invaded. The infection which extended to other farms appeared first among the feathered tribe.

"Dr. Turner has noticed a similar association in other cases." In 1886 great havoc was caused by this disease among the chickens and pheasants of Longham. The diphtheria broke out in a family from the introduction of an infected fowl, there being no other known cause for this first case in that village. Swine, horses, and other quadrupeds have succumbed to this dread disease. In an epidemic at Brent-Pelham the first case was traceable to a kitten that had been suffering from a throat affection, accompanied by swollen glands, and foul discharge from the nostrils. Cats have become infected from human beings. Strangles in horses are said to have occurred at the same time or previous to an infection of diphtheria in the household. Studying the disease from a bacteriological standpoint, Loeffler has found that it is produced by different bacilli in the fowl, the calf, and the human subject.—*Archives of Pediatrics*, Sept. 1, 1887.

M. Bethil (*Le Concours Méd.*, 1886) regards diphtheria in the fowl as analogous to that in man, and considers its inter-communication quite

possible. The period of incubation is five days. The results of treatment by the evaporation of the essence of turpentine and fumigations with gas-tar according to the inventor's experience have been good.

Hæmophilia, E. P. Gregory, M.D., Waterbury, Conn. (*Med. Current*, April 20, 1887).—The mother, a primipara, was delivered of a male infant January 5, 1887. On the 17th an oozing of blood from the navel appeared. The child was dull and sleepy, with yellow cornea and dusky skin. For the next five days phosphorus 200, arnica 200, and lachesis 200 were given, and local applications of Pond's extract of hamamelis, persulph. ferrum, and stick argenteum nit. were made without apparently arresting the disease. By this time there was black oozing, epistaxis. An allopathic physician who saw the child pronounced the disease constitutional, and said "nothing could save it." Bleeding from nose and mouth, ecchymosis under knees, inflexure of elbows, armpits, and scrotum ensued. On the 23d the child was worse, with suggillations on body and legs. Sulphuric acid 200 was exhibited for two days; the preceding symptoms becoming more grave, with bloody saliva and urine, arsenicum 200. The surface became cold and the lungs were filled with rales throughout their whole extent; rhus tox. 200, followed by phos. 200, which was given until midnight of the 27th. Meantime, Dr. Gregory called upon Dr. P. P. Wells, of Brooklyn, who said his experience was limited to three such cases, two of which recovered, but gave little encouragement in the present case. He gave Dr. G. three powders of crotalus horr. 200, one of which was dissolved, and a few drops of the solution allowed to trickle down the throat, the dose to be repeated every half hour. Until January 29th there was no marked change; then came a slight improvement, progressing steadily to recovery.

Dr. Gregory had further opportunities of testing the value of crotalus horr. in the same patient. In the course of the year the child, in consequence of a fall, received a contusion upon the forehead which soon attained the size of a Madeira nut, and after being treated with arnica 200 internally, and locally with arnica tinct. for a week, the swelling was lanced, the thickened blood evacuated, and crotalus horr. 200 administered with the best results. A second child was born to the same mother November 12, 1878. Oozing of blood from the navel commenced on the third day, and phosphorus 200 was given for five days, although the child grew steadily worse. Crotalus horr. 200 soon effected a cure, as in the former case. The family history shows that the father had lost three brothers and sisters from typhoid fever, with symptoms of intestinal hæmorrhage. His father had disease of the heart, emphysema. During her first confinement the mother had an attack of rheumatism.

EXPOSURE OF THE LIVING HEART.—(*Alta Californian*).—There is a singular case in the City and County Hospital which rivals in its strangeness that of the celebrated Alexis St. Martin, who, it will be remembered, had a hole torn in his side by the discharge from a gun, through which the interior of the stomach could be plainly seen and the process of digestion watched. By this means the digestibility of different foods was determined, and for many years St. Martin has been the *cause célèbre* of medical science. The case before referred to, that

of Edgar Jackson, also a Canadian, rivals St. Martin's. He is a native of New Brunswick, twenty-six years old, and up to a year ago was working in the shingle mills of Humboldt County, this State.

Twelve months ago he was seized with an attack of pleurisy, which was treated with indifferent success in this country, and when he came into the County Hospital here his lungs were suffused with water and pus. By means of an aspirator his chest was tapped twenty-five times, and in all eight gallons of water were drawn off.

Still the effusion continued, and as pus was forming the attending physician saw the necessity for prompt action, and determined to make a free opening in the side. An incision was made in the left side over six inches in length, severing the third, fourth, and fifth ribs, portions of each rib being taken off, so that the opening would not close. Through this the water and pus made their escape freely, and the patient's life was saved for the time.

It was found that the pressure of the water on the left lung had forced that organ into the upper part of the thoracic cavity, and it had solidified, leaving the heart and pericardium exposed to view. At present the patient is getting on nicely, and if no accident occurs will make a complete recovery, although he will have lost the use of his left lung. A reporter saw the wound dressed yesterday. Into the gaping hole in the side was pumped about a quart of soap and water, which bubbled and foamed under the pressure from the contraction and expansion of the right lung. Turning on his side the water escaped from the patient, and there in full sight was the heart, every pulsation plainly perceptible, the systole and diastole, the contraction and expansion of the human engine, which has forever puzzled philosophers, and which will continue to do so, in full view. It is safe to say that never before have the inner workings of the human frame been so exposed to view with so little apparent inconvenience to the subject. He says he suffers no pain, and looks forward to a good recovery.

A CAUTION AGAINST THE DEADLY GRATUITOUS HAIR BRUSH.—(*Pa-tific Record*.)—If a comb be used, unless it be upon the head of one of those benign hairless individuals who are alleged to convert the front seats of theaters into phrenological cabinets, there is always a variegated deposit upon its teeth and back. If the comb is black rubber or celluloid, the eye can readily see that this deposit is complex in character. Among its recognizable elements are loose hairs, dandruff or dried and broken cuticle, atmospheric dust, particles blown by the wind, and a small amount of oil secreted by the sebaceous glands of the scalp. Under a microscope of moderate power this short list is lengthened to formidable proportions. . . . In cities of any size there are always sick people and any number of different diseases. The larger the city the greater the number of each. Public welfare has from time immemorial demanded that the governmental authorities should constantly keep watch on the public health. The lazaretto, the municipal hospital, the sanitary commission, and the board of health, are merely so many expressions of this demand and its response. Their success in combating and conquering disease is historical, and is one of the greatest achievements of civilization. To-day the power of health authorities the world over is practically unlimited, more despotic in fact, in many instances, than that of czar or sultan. They have by degrees closed up nearly all

the doors, large or small, through which disease was wont to enter, and to-day are sealing up the chinks and apertures. But have they not overlooked one signal source of danger—the brush and comb? It has been shown that the vast majority of human heads are splendid fields for bacterial life of any and all kinds, and that more or less of this life is to be found thereupon. Add to this the fact that contagious and infectious disease lurks everywhere, and requires only propinquity to spread and increase the number of victims. What tie binds all these together more dangerously than the brush and comb used for the general public by barbers and hair dressers? Take New York as an illustration. There are over two thousand barbers in this city, and at least three hundred ladies' hair dressers. A large minority of their customers keep and use private brushes and combs; the vast majority do not, but rely upon articles that have done duty on hundreds, if not thousands, of heads. The conditions of municipal life and the habits they engender favor this practice and its dangers. A man leaves the bedside of his child, sick with scarlet fever or diphtheria, and goes down town. If very thoughtful he will fumigate or disinfect his clothing before leaving his home. No matter how careful he never disinfects his hair, which may swarm with the germs of either disease. On his way down town he steps into his barber's, is shaved and has his head rubbed, brushed, and combed. A hundred or a thousand germs are transferred to the brush, where they thrive and breed almost as well as upon a human being. He leaves, and during the rest of the day that brush distributes germs upon sixty of his fellow-citizens. Fortunately this practice will not communicate all germ diseases. But it will convey diphtheria, measles, scarlet fever, small-pox, yellow fever, chicken-pox, cholera, and similar disorders. It will also communicate scald-head, tetter, and many other dermatologic troubles. Under conditions of abrasion and contact, it may convey blood poison. The safest rule to escape this sinister roll of dangers is to adopt the English practice and be your own barber. It is also cheaper, quicker, nicer, and better. Next to this, patronize one barber only, and with him keep your own brush and comb. If you must employ a strange tonsorialist, simply get shaved, and leave your hair alone. And last, carry and use your own comb, and, outside of your own dressing-room, drop the hair-brush from the category of things in daily use.

ELECTRICITY FOR ARRESTED LACTATION.—(*London Medical Review*.)—The patient was the mother of three children, all of whom had been brought up at the breast. The youngest had been fed in the same way for eleven months, when an attack of pneumonia interrupted this method of feeding. Two days later, when the infant was well enough to recommence, the secretion had completely ceased. This state of things persisted for a fortnight, during which the child, who refused other food, rapidly lost weight. It occurred to Dr. Aubert to try the effect of local faradization. The electrodes, well saturated with moisture, were placed right and left of each breast, and the current was graduated so as not to cause contraction of the pectoral muscles nor pain. After the first *séance*, which lasted twenty minutes, the right breast had evidently increased in size. The next day a few drops of milky fluid exuded, and on the third day a spontaneous flow took place in both breasts. On the fifth day the child was enabled to resume the breast feeding, and further treatment had become unnecessary. A second observation is reported by

Dr. Becquerel in a young woman of twenty, in whom the lacteal secretion had been arrested in consequence of reiterated and intense mental emotion. After eight days' suppression, three *séances* of twenty minutes' duration sufficed to re-establish the secretion, which then continued in a normal way. The same result was obtained quite unexpectedly in a woman seven months after her confinement, where the arrest of the secretion had been immediate. Pierron, in a recent paper, stated his belief that by this means lactation could be caused in virgins.

W. B. SPRINKLE, M.D. in *Medical Brief*.—On Dec. 25, 1885, A. J. H., aged about twenty-six years, of sober and good moral habits, drank a quantity of hard cider, drawn from center of barrel. It was frozen almost solid, and unintentionally he got beautifully drunk. Parties who were with him could not control him, and sent for me. I gave him ten grains each of chloral and bromide potassium, and put him to bed. He slept until morning, and, after awaking, went home. He resided three miles in the country. He ate no supper or breakfast, and his stomach would bear ill treatment no longer, consequently he went to the kitchen safe to get a "snack." There he found some canned blackberries in a dish. He ate them ravenously—in fact, did not chew them. The berries contained pieces of broken glass, as he learned after having swallowed a piece of it. His mother told him at that time that the jar which contained the berries had burst on account of cold weather. He came into my office, scared almost to death, and stated as follows: "Doctor, I have swallowed a piece of glass as big as a dime. When I started to town it had lodged about an inch below Adam's apple, but now it has gone down nearly into my stomach. It cut its way down, and I have been spitting blood. It hurts me awfully." I told him to "suck" raw eggs and to drink slippery elm water. He stated later that it hurt his stomach, and that he spat blood for ten days, but since that time feels all right, and does not know whether or not the glass has passed away. Bro. H. will never get drunk again.

The preparation of baked beans by Dr. Cutter copied from *Medical Annals* is unique in many respects. After describing the manner of cooking he proceeded:

After eating, go out in the open air and walk or work. Do not go to church after eating baked beans; they will stay in the stomach, and their indigestion will do much towards spoiling the enjoyment of the exercises there. Dyspepsia and religion do not go well together, but good digestion and holiness are twins.

J. C. MORGAN, M. D., (Phila.) in *California Homœopath*:

Calcareo sulphurica.—The calcium sulphide is now fashionable in the old school as a remedy for suppuration; our old hepar in the new shape. Schussler favors pharmaceutic and chemical precision, and therefore, adopts the pure salt. My own experience gives greater credit to the preceding remedies, and less to this, in suppuration prior to discharge; but the presence of pus, with a vent, is my own indication for calc. sulph. Therefore, I give it, after bell, and other acute remedies (all discarded by Schussler), with success, in abscess of the prostate and bladder, in an old man, after he had begun to pass great quantities of pus with his urine; the cure was immediate. In other pus-forming conditions, also, it has done good work.

Calcareæ phosphorica.—I will first mention a use of this drug, derived from Dr. H. N. Guernsey, which has proved very beneficial. The indication is: "Every time he catches cold, or even becomes cold, the rheumatism of the joints (particularly, but not exclusively the knees) gets worse."

Another valuable use in which Dr. C. Hering was the pioneer is in slow union of fractures of the bones. I can strongly corroborate this case. A man of sixty years had a fracture of the shaft of the femur. It remained movable, in spite of great care, after two months; calcæ. phosph. was given, at first, every night; later, every second night. At once the fracture grew firm, and was soon well. This is certainly better than instrumental interference.

Eighteen months later the same femur sustained another fracture, in its lower portion. The drug was given in like manner as before, but from the beginning. It was well in two months.

Another application of calc. phosph. is as a *tonic*, particularly after acute diseases, and in anæmia. Schussler, recognizing the origin of the red blood globules in the white, or embryonic ones, and crediting this drug with nutritive stimulation of the white globules, seeks to promote the formation of red globules indirectly, by promoting that of the white globules. Practically, this drug proves itself a real tonic, in many cases.

It all diseases of bones, in the absence of strong reasons for other medication, calc. phosph. is my dependence.

DR. CHARLES B. GILBERT (Washington) in *Hom. Journ. of Obstetric* pays his respects to DR. FUNKHOUSER:—"We homœopaths are too tender-footed in regard to any thing savoring of irregularity.' 'We homœopaths' is rich! and those tenderfeet! The Doctor's feet must be tough indeed to enable him to travel over such a road as he marks out. If his feet were tender from traveling the rugged way laid out by Hahnemann and his disciples, instead of rushing in with such a case as his, he should carefully tread in the footprints of men whose lives have been spent in developing the truths which, if applied by Dr. F. as homœopaths indeed apply them, would aggrandize him above all his present sordid ambitions. Our duty as physicians is to keep our patients from going into the hands of others by curing them, which can only be done under the law of similars. Our duty to the profession and the journals is to keep still until we can teach something. If we are going to be homœopaths, let us treat women suffering from diseases peculiar to their sex as we treat them when they suffer from other diseases, viz.: under the law of similars, with the single remedy and the smallest dose necessary to cure; if the 6 x will do it, we commit a sin in giving the 3 x; if the 30 x is sufficient, why poison them with the 6 x? If the 2 x is necessary give it; but don't play allopathic wolf in the wool of a homœopathic sheep"

GLOBULES.

Chloroform, whatever dangers invest its use in general surgery, is singularly harmless in obstetrics. Indeed, the physiological changes of labor seem to neutralize its toxic qualities.—*H. M. Wilson, M.D., in Lancet-Clinic.*

Dr. B. W. James retires from *The Hahnemannian* as business manager. Alaska?

GOOD LOCATIONS.—Friendville, Neb., with 1,800 population. Also, Hebron, Neb., with 1,500 population.

"Incubation of larynx" will probably amuse Dr. O'Dwyer, if it does not cause him to cut off the subscription of the *California Homœopath.*

The Hahnemannian Monthly has become the sole property of Dr. Pemberton Dudley, who is now also the sole editor. The office has been removed to S. W. cor. 15th and Madison streets.

When the operation is completed, the superior vaginal opening collapses as thoroughly and completely as the ostium vagina closes. *Exchange.* N. B. Operation referred to: Vaginal Hysterectomy.

She is a good breakfaster, digests well, and is a good excretor. *Exchange.* Had she been one degree better the language would probably have been: "She was the best breakfastist, digested best, and was the best excretist."

Dr. E. Lippincott, Memphis, has been pretty badly used by the jade Fortune. He had an attack of pneumonia in November, malarial fever in December and January, and is but just convalescing from bronchitis. But no "hay-fever." He draws the line on that.

I may record here the peculiar fact that at the moment of birth the infant will show almost an exact photograph of its *true* father. I have often wondered if this has been noticed by other physicians, since I have never seen it in print.—*Editorial in Pacific Record.*

We must not forget to guard against the danger of concentrating the attention on the special senses to the exclusion of that *common sense* without which no learning, talents, or skill, and no accumulation of evidence, will insure wisdom in our judgments.—*Horace Dobell, M.D.*

A plant has been discovered in India which is said to destroy the power of tasting sugar. It will be useful in counteracting a morbid appetite for sweetmeats, which is an active promoter of indigestion. Another plant found in Madras destroys the relish for cigars and tobacco.—*N. Y. Med. Times.*

Toronto, population 145,000, has but twelve homœopathic physicians; Ottawa, with 50,000 inhabitants, has two homœopathic physicians; Montreal, with a population of 210,000 has five; Winnipeg, with a population of 30,000 has one. Stop going west, gentlemen. Show our Canadian neighbors what you can do.

"Kumyss is a pleasant, sparkling, wine-like beverage prepared from milk." That's a modest statement, Bro. Wm. Boericke, but in your eloquent ad, you fail to state whether the milk is from the usual quadruped with the cloven footwear, or from the "critters" to whom Hudibras refers as inhabiting Arcadia, or which?

Dr. Hutchinson says that equal parts of the tincture of *Siegesbeckia orientalis* and glycerine make an excellent application for the cure of all forms of ring-worm. Apply twice daily. —*Medical Counsellor.*—The properly indicated homœopathic remedy, given homœopathically, will also cure "all forms of ring-worm." Slipped your mind probably.

The true physician searches every field for knowledge ; is open to conviction ; in all his researches he knows no sectarian boundaries ; neither is he restricted by any system of medicine in his prescriptions ; he faints not at an attenuation, and becomes not frightened at a concentration ; he gives a large or small dose as indicated of whatever he thinks is best for his patients.—*A. S. Huston, M.D., Pendleton, Ind.*

I witnessed an eminent physician, giving only high potencies, gather about him a coterie composed exclusively of those susceptible to such doses, and flattering the doctor into the belief of his own infallibility. I witness also the hundreds of people who have failed to receive benefit at his hands quietly dropping away from him and drifting into the circle of another.—*T. F. Allen, M.D.* Words fitly spoken.

Prof. Loissette's system of physiological training of the memory is deserving of the consideration of all who desire to strengthen that important faculty of the mind. We have investigated it, and recommend it. It is simple and truly "physiological." We add the caution that a good memory cannot be merely bought. The system he offers must be studied, practiced daily, and in time it becomes a habit of rare service.—*Med. Times.*

CURIOUS IF TRUE.—Here is a peculiar fact that comes from the *Signal* of Dahlonga, Ga. : A good many people are accustomed to use peach-tree bark tea when sick. So we will give them something new—at least to us—which several good citizens have vouched for as the truth : When tea is made from bark that is skinned upward the tea acts as an emetic ; when skinned downward it acts as a cathartic."—*Pacific Record.*

The *Advance* copies General Butler's "How to get Rich" from the Boston *Herald*. The "nub" (not hub) of it all is to invest in real estate. In the absence of its sooner publication, we, with a number of other medical editors, put our salaries in a gold mine out West, which, like the silver mine of Th. Nast, took unto itself wings and "skipped"—or rather the fellow did who had the salaries aforementioned. The mine couldn't skip. There wasn't any.

Some months ago the floors of many Austrian garrisons were painted with tar, and the results have proved so uniformly advantageous that the method is becoming greatly extended in its application. The collection of dust in cracks is thus prevented, and a consequent diminution in irritative diseases of the eye has been greatly facilitated, and parasites are almost completely excluded. The coating of tar is inexpensive, requires renewal but once a year, and presents but one disadvantage, namely, its somber color.

Sizygium jambolatum seems destined at a no distant period, when thoroughly proved, to figure conspicuously in diabetes mellitus. Dr. A. Claypool (Toledo) has had excellent results from this remedy. We look forward with much hope to the work of the I. H. A. Bureau of Materia Medica for 1887-8, its chairman, Dr. W. S. Gee (Chicago), having selected *sizygium* for bureau reports. (But, dear brethren, can't you "make it" something else, so we can play, too? As it reads now it is as difficult to spell as it is to pronounce.)

OH—DON'T—OLOGY.

DON'T say "females" when you mean women.

DON'T make marriage an excuse and cloak for licentiousness.

DON'T have retention of urine ; use active measures and promptly.

DON'T permit too sudden a return to sugar or meat in rheumatism.

DON'T make a witchbroth of the names of love and passion and lust.

DON'T all speak at once : but what are they ?—the Monkey Measles, we mean.

DON'T neglect to ventilate the sick-room thoroughly and continuously.

DON'T get Hegar's sign of pregnancy confused with Hagar's sighing in the desert.

DON'T be alarmed if bowels remain closed three weeks. Recovery possible. But——

DON'T forget that ice cream should only be taken on an empty stomach, and on warm days.

DON'T take stock in a man whose greatness is greatest at a great distance, and never at home.

DON'T neglect the watchful eye, the silent tongue, the nimble hand and warm heart wherever you go.

DON'T forget that the sympathy of the true physician or nurse runs neither out of the eyes nor mouth. It goes to the fingers.

DON'T fail to use Vipera if the veins of the extremities swell when in recumbent position, with a sensation as if they would burst,

DON'T worry because another doctor's buggy hitched in front of your patient's house. He may be collecting an old bill for spite.

DON'T say "reported phonographically," Mr. *Chironian*. You mean "stenographically." Think over it a bit, please, and see if we're not right.

DON'T get skeered ! 15-year-old boy of Hammond village consumed eighty cigarettes Thanksgiving Day. Dying. Had consumed two or three packs daily for past three months. Moral ?

DON'T forget that the composition of a nursing woman's milk can be told from the manner of life or the food of the mother or nurse, which is a very important matter in the favorable development of the child.

DON'T believe this unless you want to : A girl in Vermont inherited so good a memory of an uncle whose funeral her mother had attended before the girl's birth that she knew his picture at once the first time she saw it.

DON'T misrepresent Prof. Gee, Bre'r *Era*. He belongs to the I. H. A., and never could have said, in lecturing on belladonna, that many times almost immediate relief from earache, particularly in children, is had by putting a few drops of a 2 gr. solution of this drug into the affected ear.

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The *Lancet-Clinic* (Cincinnati) has been publishing in recent of its numbers a series of caustic papers on "Thomas Foolery in the Public Schools," which seem founded on truth, and written for no purpose other than exposing an abuse more or less prevalent in all our public schools. As the papers are so tersely prepared, we quote direct: "Thomas seems to have less influence and authority in the intermediate schools, but when he enters the high schools he is himself again, if not more so. He first manifests his presence in the establishment of school hours from 8:30 A.M. to 2 P.M., with a few minutes intermission at 11 A.M. Thomas established those damnable hours after a lengthened interview with his Satanic majesty, on which occasion they agreed that it was entirely normal for a boy or girl at the age of puberty to go without any thing to eat from early morn until half-past two or three o'clock, and then to be feasted alone on the remains of the family dinner, that had been kept drying in the oven for two or three hours. Thomas says it is the normal thing for boys and girls at the age of puberty to be nervous, dyspeptic, and pale; that then is the time to educate the rectum for water-closet purposes, as in this way only can the proper degree of headache, pain in the side, and sallow complexion be produced. Thomas has this thing all down fine. If he notices any tinge of color or glow in the cheeks, with elasticity of walk, he says: There will be a special lecture on the instincts of animals at the rooms of the Natural History Society at three o'clock, by Professor Borborigmus. You had better take advantage of the occasion; it will help you to understand the lesson I have just given you. The moment the school is dismissed away hie the boys and girls to the rooms of the Natural History Society, a distance of more than a mile from either high school. The usual dry and tasteless dinner is missed until after four o'clock. The famished, almost faint child gulps down a hastily-gathered, picked-up meal, and when through with that exercise at once feels that the morrow's lessons must be studied. . . . The teacher of physiology in Hughes High School, this week, allowed the pupils but fifteen minutes' time after school hours, to go to hear the lecture in the Natural History Society Rooms, a distance of more than a mile, and made attendance on the lecture obligatory. . . . Was there ever such a travesty on the teachings of physiology?"

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Verily, verily, "was there ever such a travesty on the teachings of physiology?" "Pupils are required to learn verbatim et literatim grammar and descriptive geography, and are given to understand that they will receive more credit for excellence if their recitations in history are rattled off in the same parrot-like fashion."

"A pupil in one of these intermediates not long ago recited a page of

descriptive geography without the omission of a single article or the insertion of an extra adjective. The description was given much as the Italian guides give English descriptions of the catacombs, without an understanding of a solitary syllable. A question was asked of this particular pupil concerning some of the information which the page had imparted, and the pupil was dumb."

Is not this "parrot-like" recitation a prime essential of many of the medical schools to-day? How else can it be when the "professor" of to-day, who was the unlettered doctor of last week, or the commercial traveler of half a dozen years before, appears before the class and reads a manuscript, not in his penmanship, and in language and style as foreign to him as the hieroglyphics on the pyramids, in fact so unfamiliar with the nomenclature of his specialty that he fails to "catch on" when he metamorphoses genu pectoral into "gum pectoral"; and if he dare raise his eye for an instant, or accidentally remove his fingers, he "vacates" the bowels, his "speculums" get fast in the "gen-i-ta-lee-ah," or the "like-her am-moon-ni-eye" is like to cause a miscarriage of ideas. And having thus strutted through his hour in mispronouncing and distorting some old school-text, caps the climax by saying: "The following remedies will be found useful," calling the roll from aconitum to zincum, with never an indication for either. Will this "professor" dare quiz on the topic independent of his manuscript? Go to! The same pen writes the lecture and questions, and, as with Thomas of the Public School, a strict adherence to the text is expected for obvious reasons.

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No. The methods of "Thomas Foolery" are not peculiar to the public school. The American Institute last year, and doubtless also in former years, received and accepted reports from its committees on medical education and colleges, the wearisome burden being to "raise the standard" for matriculation. Messieurs the Committee, divert your attention for a brief twelvemonth from the student and his preceptor to the "professor." *There* is where the standard ought to be raised. But who will teach the teachers? How many of the professors would hazard an appearance before a competent board and stand an examination on their accredited specialty? What test is applied to the professor to determine his efficiency? On what meat hath this our doctor fed that he hath grown so great? Nye-ther are the methods of "Thomas Foolery" as to routine of hours and work unknown in many medical schools. From 9 to 12; from 1 to 5, one rapid lecture after the other is hurled at the weary brain, tired fingers, and exhausted body of the student. Then a scramble for the boarding-house, with barely time to bolt his food, he appears in the malodorous dissecting-room to spend his evening. What can you expect of the student who manages either by the favor of some member of the faculty or some occult influence other than genuine merit to get "passed"? Will he be fit to enter the sick-room to treat even the most trivial ailment unless armed with his note-books, a number of specialty monographs, and a repertory? He has heard materia medica pounded and expounded from the desk ever so many times, but has never seen it applied. He has had the rules for examination of the chest iterated until he has them by heart, but has never heard the heart beat. He has perched on the topmost row in

the amphitheater while the professor, forty feet away, demonstrated the brain, tied an artery, or carved out an artificial anus, but he has never handled a knife. He was graciously permitted on one or two rare occasions to glance down the polished vista of a Ferguson in situ (presumably placed in the interneconomy of a woman, though the drapery and curtain shut off every thing except the vista), but he was never shown how to insert the speculum. He fondly believes he would recognize an os uteri by the vaginal touch, from having so often seen pictures of it in his books, and because he believes it feels like the end of his nose, but he has never been permitted to explore for himself. The difference between scarlet fever and measles has been dinned into his ears times out of number; but he couldn't tell the one from erysipelas nor the other from small pox.

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If the standard were raised on the teachers no college would graduate a student within the year of his failure at another college, as was charged by Brown of Binghamton—now gone to his rest—a charge denied at the Saratoga meeting, but nevertheless known to have sufficient evidences of truth to carry conviction to those who cared to be convinced. If the standard were raised on the teachers the little sarcasm indulged in by the *Chironian* concerning the return to New York, duly graduated in the West, of a former pupil and a not overly bright one of the New York school, would fall harmlessly to the ground. Messieurs the Committee, this is no fling at your report for raising the standard; the student should be duly and truly prepared, of lawful age, bearing the tongue of good report, and coming well recommended; but, when he has faithfully complied with these, see to it that his teachers shall be competent to pass upon his qualifications for graduation. Also, Messieurs the Committee, urgently recommend the graded system; do this in the interest of humanity, if not for the benefit of your future doctors. Give the student an opportunity for a little sleep; teach him some one or two things thoroughly each year; give him time to read his notes and look up authorities; and discourage the ten lectures a day, with their wearisome similarity, year after year. Throw out the barrel of lectures prepared by no one knows who, and encourage talking to the topic in living language with all the changes and additions with which each day enriches our literature. Do this, and no one will feel more deeply grateful than the student; for he will then have *some* knowledge to which he may add wisdom with experience. Nor will he feel, as do so many who now “get through,” as they stand in the quiet of the study reviewing the bungling and guessing, the dope-ing and hoping of the departed day, that it was a mistaken kindness (if they do not in the bitterness of their disappointment denounce the alma mater as a fraud) to have suffered them to adventure upon the great sea of stricken humanity. Give him thoroughness in a few branches rather than a smattering of many, and he will not have to confess to the morning stars as they sing together for joy, that he is no more fit to practice the Divine Art of healing, than is an old-school practitioner capable of understanding or explaining homœopathy.

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The publication of the résumé of Preliminary Notice sent out by the American Institute of Homœopathy gives notice of time and place of

next session. The full text of the notice, which unfortunately we have not space to publish, mentions a number of interesting topics which are promised for discussion. Dr. Pemberton Dudley requests that any member engaged in the preparation of a paper who has not already reported its title to the appropriate committee that he do so at once ; and long papers should be accompanied by an abstract. It is suggested that in those States and localities where the membership is small the officers of the State and local societies canvass their respective districts looking to increased membership for the Institute. Come to the front, brethren of the craft. Let us turn out in goodly numbers and honor ourselves by honoring the Institute. We need young men and new blood. If the Institute has fallen into a rut by reason of the inactivity of the older members, let the younger and newer members take the matter in hand and right the wrong.

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The article by Dr. C. W. Butler in this issue entitled "The International Hahnemannian Association," a temperate statement of the reasons for separate organization, points a sufficient moral for the Institute members. If Dr. Butler is correct in his statements—and to be candid there is cause for many of his complaints—will not the Institute right itself before the homœopathic profession by avoiding palpable errors, remodeling its laws, and going forward in such fashion and with such hearty good will, that no minor organization shall have cause for separate existence? We commend the article to a careful reading ; it clearly sets forth the origin and aims of the I. H. A. and does so without the show of malice, so usually attributed to members of this association by those who are ignorant of its real purpose. But there should be only one National homœopathic organization. If the Institute will take the lesson to heart the I. H. A. will have but few years longer to exist. If the I. H. A. gives the world better light and truer homœopathic knowledge the Institute will succumb. Which shall it be?

DR. GUS: MY PRECEPTOR.

IV.

"THIS thing of being a scientific doctor is being severely run into the ground," said Dr. de Gus, after we had finished our first hour of *materia medica*, and he had returned from the inside room whither he had gone for a sip of water to stop a *rhus tox.* cough, and where his eye had probably caught sight of some mechanical contrivance on his littered-up table which suggested the remark, for we had spoken of nothing that could have led up to it. My preceptor was rather peculiar in this regard ; he would fly the logical track at a half moment's notice, and introduce a subject as foreign to the matter in hand as alternation or mixing of remedies is to the Hahnemannian. As all great men are eccentric, I began to suspect my erratic preceptor of that true greatness which is never known to the possessor, but comes to the surface only on rare occasions. "In fact," resumed Dr. Gus, as he rummaged about his pistol pocket for his bunch of keys, "it has grown

so that a student or a young doctor can not go into practice without the outlay of a hundred or more dollars for machinery and instruments and appliances, many of which he may never have occasion to use.—That cough hangs on pretty tenaciously. Did you ever hear the old saw about the lawyer taking his own case having a fool for a client?" I had heard this frequently, I said, though I was wondering, while shuffling the materia medica cards, what that had to do with scientific doctors. "Well, the same rule obtains, I think, as to doctors. When I am sick I am no more fit to take my own case than is a junior medico (who knows more than his text books and all the faculty) to doctor the measles." The scientific doctor was apparently held in abeyance or forgotten until I should revamp him. "I remember hearing Dr. H. C. Allen say that when he was down East, at Philadelphia, arranging for the printing of his justly celebrated 'Intermittent Fever,' he awoke one morning, with his head and stomach at sixes and sevens. He felt his pulse, looked at his tongue, cudgelled his brain for some symptom that would suggest the totality. After a time spent in the futile effort he called on Dr. Raue, who gave him one little powder and cleared up the case. I find the same true with myself," remarked Dr. Gus as he jingled the bunch of keys; "when I am under the weather, I visit the nearest homœopath and have him prescribe for me, and I don't care to know what he is giving me either, nor in what potency; in fact about those times I am afraid I would be, like any other patient, indifferent whether he mixed it altogether, or alternated twenty times in the hour, provided he got me well. In the presence of discomfort and pain, our fine-spun theories are prone to take unto themselves wings. Only on this supposition can I account for the return of the homœopathic family to the old-school flesh pots."

My preceptor, after a moment's silence, rose, walked over to the book-case, unlocked and opened it, looked at his handsome library, then turned to me with an interrogation point plainly limned in his face. "I was going to do something with my keys," he said in a tentative fashion, "but I've—oh, to be sure, of course—I was talking about scientific doctors," and he came back to his desk, selected a key from the ring, inserted it in the lock of the bottom drawer, unlocked it, but without opening; then when the apoplectic color had left his face he continued: "I have often been called in consultation to find some scientific doctor, bran-splinter new, bristling with as many points in pathology and diagnosis as did Mark Twain's house after his engagement with the lightning rod agent while Mark was writing his article on Political Economy for the *Galaxy*. Mark did some good work on that magazine," postscripted the doctor reflectively—"but we mustn't lose our point again. I have seen this young practitioner with his fever thermometer, and good clothes, his Waterbury and massive fob chain, trying his various mechanical contrivances on the almost moribund patient to the gathering awe of friends and relatives; and when he had finished his examination which always appeared to me like the administration of Extreme Unction of the Catholic Church"—Dr. Gus' tone had suddenly changed to a grave one, "and when he had concluded his examination, I was keenly conscious that my simple examination was looked upon with suspicion. But, like as not, when I had administered a few

drops of medicine, the change would be so palpable that even a way-faring man could not mistake it."—The noisy little Ormolu was striking nine, and he waited till the noise had subsided. "The sick chamber is no proper place for mirth, certainly not when the Grim Reaper may be grinning at you from the other side of the bed; but I have, despite the solemn surroundings, been many times moved to imitate the example of Miss Kilmansegg's father—smile to myself and laugh out loud—at the ridiculous display of scientific attainment by the would-be scientific doctor. If I have not refrained from laughing because of the incongruity of the occasion, I have done so because I knew the day would dawn on the scientific practitioner when he would discard his machine shop, and treat the sick intelligently without it. I have seen," said Dr. Gus, as he revolved on his arm-chair, dragging his feet over the linoleum, "I have seen him insert his 'lead-pencil' under the patient's tongue, or in the axilla, or thrust it into—well, where it is sometimes deemed necessary to ascertain the temperature for scientific purposes, frequently returning the thermometer to its gold case, as my colleague, Dr. Pemberton Dudley has said, without cleansing, or taking any sanitary precautions against infecting the next patient under whose tongue this savory instrument will next be rolled. Paugh!" and he spat out with much gusto. "Then I have seen Dr. scientific rig a young zither with a walking-beam to the wrist and forearm of the patient and make a tracing—I believe its called a spig-mograph. He has applied his patent reduplicative, telephonic, bin-aural stethoscope to catch sounds which were as unfamiliar to his senses as are the characters of the Zend-avesta. If these are not puzzling enough he gets out his little pleximeter and hammers his way into regional anatomy to locate the thoracic and visceral contents—much as they strike the silver hammer against the brow of a deceased pope to ascertain if life be extinct."

"My religious convictions, Tom," said the doctor after a moment or two of quiet, "have never been of the strongest, I am ashamed to say; but in my travels and practice I have seen so much of the rare devotion to suffering humanity on the battle-field, in the hospital and at the bedside, by the ecclesiastics and sisters of charity—or whatever name they go by, of the Romish Church, that I have never had a word to say against them. Death and sickness have no terror for those people who live only to glorify their Master, and they never faint in the presence of danger; their patience is inexhaustible.—But we're way off again," as he came to with a start. "If Medicus Scientificus, A.M., M.D., is called to an obstetrical case, he saddles his finger with a pelvimeter, makes measurements fore and aft to learn the depth and width of a canal, when he has no surety whatever that the descending head is larger or smaller than his school-book diameters—and which latter like enough he doesn't remember. If it proves a thoracic difficulty he traces his landmarks on the skin with a specially prepared pencil, draws lines from A to B, and from C to D, applies a little trigonometry to the problem, and with the aid of a ten-figure logarithm may be able to discover a veritable *pons asinorum*." My preceptor was getting warmed up. "The little tape-line, self-winding, in nickel case, the metallic tongue depressor with its load of foulness and filth, are necessary accoutrements. He brings his massive intellect to

bear on the urinary sediment in a test tube, and with the aid of a hundred-dollar microscope can determine a whole category of diseases from which the patient is not suffering. Now, I am not denying the value of instruments, Tom," said he, as he stopped to take a dose of rhus for his cough; "they have a proper place among the specialists—if these latter have any particular place in our ranks,—but the general practitioner has no more need for them than a homœopath has for calomel. He may have to use calomel, and so also he may find occasion for some of these instruments. What I'm trying to impress on you is the absolute rot of investing in a lot of contrivances, making your office look more like a Chinese toyshop, as Dr. Nash says, than a doctor shop. If you have spare shekels, put them into good journals and books, better medicines, finer vials and corks, handsomer labels, and better office conveniences. To show you, Tom, that I'm not doing the fox-and-sour-grapes act, look here." Suiting the action to the word, he drew out the bottom drawer, which was filled with dust-covered instruments.

"Here's a Ferguson speculum, a Bozeman, a bivalve, several sizes of Sims', a hat full of pessaries, uterine sounds, bougies, none of which I verily believe I used half a dozen time in a dozen years. This is a clinical thermometer that I haven't had out of its case in many years. This set of splints I have used, I think, once. Here is my microscope, which I take out of its case on occasion to show my students the circulation of a frog's foot, or for the purpose of amusing some blue-stocking with the wonders of pathology. I tried to get Dudgeon's spig-mograph, but luckily did not succeed." The drawer was crammed full of appliances for male and female, some quite expensive, others not so costly; no care was taken of them; there they lay gathering dust, rust, and cobwebs. "These things have their uses, but neither you nor I, Tom, if you become a practical homœopath, will need any of them often enough to make the purchase. My old teacher—I haven't smoked any to-day; somehow don't feel like it; tobacco doesn't taste right—My old preceptor was what might be called an unlettered man of the backwoods, in so far as not having been graduated from college; he was one of the hard-handed, hard-headed sons of toil. Like the great Lincoln, he labored during the day, and at night read and studied by the light of a tallow-dip or a blazing brush-heap. But if a man's worth may be judged by his success, then old Doc. Green was a good man. When he was past eighty he was still importuned to visit patients. His teaching was always: 'Gus, educate your brains—your brains, Gus, so you can tell a fever the minute you clap your eyes on it; so you can count a pulse without a time-piece; so you can read a tongue without an instrument; so you can deliver a woman without tearing her wide open with forceps. Educate your fingers, eyes, ears, and nose. Be an emergency man. Learn how to wash and dress an infant. Learn enough cookery to make a broth or broil a steak. Learn to braid and tie up a woman's hair. Keep your eyes and ears wide open and your mouth shut. Despise not the day of small things.' It was homely advice, but intensely practical, and had I heeded it would have saved me many a dollar. All this, of course, was before the market was glutted with as many new-fangled instruments as there are car-couplers patented. What would old Doc. Green say could he see this drawerful of inquisitorial racks." Doc. Green revived an

old train of ideas, and I was cautious not to disturb them. Presently, however, my preceptor, drawing a long sigh, resumed: "I didn't profit by his advice, as this drawer shows; I was a little ashamed of my old friend with his homespun clothes, cowhide boots, and leather watch-guard. After I had been to school one or two seasons and had listened to the parade of wonderful things done with the instruments, I was a leetle afraid that old Doc. Green was an old foggy, not up with the times, not scientific. So when I swung my shingle to the breezes of heaven, I rapidly laid in the various things you see here—or such of them as were then in vogue, and added to them from time to time. I never look at the drawer now but I feel like placarding it, 'Gone into Trade,' as Charles Reade marks an overturned portrait in one of his interesting novels. Read any of Reade?" queried my preceptor, flying the track as usual when a new thought presented itself.

"You wouldn't suppose, to look at me and my surroundings, that I had an idea above—or below—medicine. But I have. Lincoln is said to have taken great comfort in the midst of his terrible ordeal at the White House in reading Homer and Virgil. I'm not so classical as that, but there are times, when worn out with the heat and burden of the day and nights of labor, that I resort to a few chapters of Dickens, or Scott, or Reade. Change of occupation is recreation, you know—But to come back to our first topic—I stinted myself in bread and raiment and proper books that I might be ready when the patients came. In so much as I could," said Dr. Gus, a sly twinkle in his eye, "and as far as my sex would permit, I used the appliances on myself in order to become familiar with them. I reviewed my school notes every now and then, only to find on each reviewal that I had forgotten the last sayance. After a few years, however, certainly not to exceed a dozen, I began to realize that a doctor could be a good practitioner, cure his patients, and collect his bills without these things," pointing to the drawer; "that I could set a fracture with a cigar-box lid, or a shingle; that my senses gave me the pulse much more truly than the varying spig-mograph; that my finger was more reliable in exploring the cavity of the vagina than the best pelvimeter; that my ear rarely deceived me in auscultation and I did not hear the extraneous noises made by the stethoscope; that I could look into a throat with a spoon handle, or a chip, as W. Jefferson Guernsey recommends, but above and beyond all, Tom, the great point is that I was always ready at a moment's notice to go to the sick bed and relieve suffering without taking a "grip" full of 'meters, and 'scopes and 'graphs.

"What do I do when a surgical case comes to me? Just what every practitioner should do: send him to the best surgeon in our school. He has made a speciality—and a legitimate one as I take it—of surgery and I haven't. Much as I have desired to be a surgeon, my practice and opportunities have not been such as to give me sufficient experience; and so I turn every surgical operation over to a surgeon; just as I do the filling of a tooth; nay, I frequently send to the dentist a tooth to be pulled because likely enough on careful examination I detect dental caries, in which the dentist is specially versed and I only generally; so I repeat what I said at the start; the mania of scientific doctors for

scientific instruments is being severely run into the ground, and don't you take any stock in it."

"One other prime requisite of a successful practitioner which I want to speak of before we take up *Sepia*," interpolated Dr. Gus, as he turned the leaves of his annotated *Hering*, "is tact. Without tact you can not succeed, and it is something no one can teach you; it may come with experience, and it may not come until you have been kicked a few times. It is that delicate sense of conforming your speech and action to the needs of the immediate present, and thus be enabled to ask all the questions you need and on the most delicate topics without giving offense. The old style gruffness of Abernethy and other celebrities has passed away with the other things so long and religiously cherished by the old school. It is the pleasant smile, the sympathetic glance, the soft hand, the kind words which now find place at the bedside. I had two experiences that enforced these precepts on my youthful mind. I was called to a wealthy lady who was, as I verily believed, suffering with an affection which would eventuate in paralysis unless prompt remedial measures were set into action. Incautiously I asked: "Do you dye your hair?" and that was the end of that visit and of my employment. Now I could have ascertained all that I needed by a little tact. On the second occasion I was called to a case of measles. I found the breast of the boy covered with vaseline and quinine, and nutmeg grated on this. So indignant was I at the barbarity—for it was a little boy I dearly loved—that, forgetting the family were old school and had only called me in to see what I could do, I blurted out something about the inhumanity, etc., and offered to remove it. I was not permitted. Had I gone to work with a little tact, I could have removed every vestige of that mess, made such applications as I had liked, given the proper remedies, and have kept a wealthy family as friends. Remember what Lincoln said about the stump that stood in the way of his plow; when he found he couldn't get it out of his furrow he *plowed around it*. Now we'll take up *Sepia*."

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

Clarence Villard Butler, M.D.

Entire unity of opinion in respect of the many auxiliaries which surround and are tributary to any central idea of sufficient importance to be held as Truth by a considerable number of the world's workers and thinkers, History abundantly proves to be inconsistent with the varied forms of man's mental activities. However unanimous and unequivocal their adherence to the central tenet of their faith, the many, under influences of heredity, of education, and of present environment, will differ widely—even radically—in their plans and methods for making practi-

cally available to the world's needs the vital truths which all alike hold dear.

There can be no doubt that such differences are salutary, for without them and the controversial interchanges of opinions, which they engender would be lacking that chief incentive to investigation and experimentation which makes progress possible and without which the Religion of to-day would be the superstition of the savage, the Mechanical Arts those of the stone age, and Science unborn.

But while in the end salutary, these controversies are still productive of much harm. It is unnecessary to speak of the personalities which mar all controversial literature; for while it seems impossible for a large proportion even of honest men to differ from their fellows without making such differences a personal matter,—although such a course is an offense against the whole body to which they claim adherence,—the chief sufferer is, after all, the offender himself. But it is to be deplored that the heat and earnestness of argument should render unduly prominent the tributary and adjunctive and divert needed energy and labor from the helpful truth; and it may be confidently asserted that in direct ratio to the vital importance of this central truth will be the violence and bitterness of controversy over the adjunctive.

Religion, dealing with subjects held for centuries as the most important to man—subjects which are of necessity largely unknowable when not wholly problematical—has given on the scaffold and on the battlefield, by the stake and by the axe, ample proof of this assertion. Even to-day the virulence of religious controversy is proverbial.

It is not wonderful then that the Homœopathic School of Medicine, dealing, as it does, with matters of most vital moment; adhering, as it does, to a grand central Truth adjunctive to which are many matters of secondary but still of great importance which are as yet in the vast field of the unknown (and which must therefore be decided by each individual as his reason and experience shall dictate) should present in these unproven matters the widest differences of opinion and divergencies in practice, nor that long and bitter controversies should have marked its history.

It is useless to give the different opinions entertained and earnestly battled for by the various factions. In general they may be spoken of as the Pathological and Symptomatological, as they may differ in their manner of applying the law re-discovered and established by Hahnemann. This is not the only question which divides them, of course. The Pathological prescribers would limit therapeutics to a much narrower field than would the Symptomatologists: the one commonly uses the lower potencies, the other the higher, and it might reasonably seem to the reader of our periodicals, from the "irrepressible conflict" between the "high" and the "low" that the potency

question is the one which divides us. While it is true that perhaps the most violent and certainly the most profitless controversies have arisen over this question, further investigation will readily show that this is but secondary, and that the great difference is in the method of arriving at the indications for drug application. The one side impressed, as all must be, by the grand and wonderful progress made in the field of pathology in these later years, endeavors to utilize these discoveries for therapeutic ends ; the other uses the landmarks which pathology offers for purposes of diagnosis and prognosis, and in prescribing ignores them save as isolated symptoms among many others (and as such too often uncertain and unreliable).

The former faction is at the present time a considerable majority : the latter, a peculiarly earnest and aggressive minority.

In the work of the AMERICAN INSTITUTE OF HOMŒOPATHY—which although a National Society in name and membership, from its numbers and its formative power over medical opinion within the school, may be considered as international in influence—under the leadership of the majority has been from year to year growing more pronounced in its advocacy of the therapeutic opinions held by the pathological wing, and more and more intolerant of ideas held and advocated in opposition to such opinions. For this cause, the majority of its members have grown to take more and more interest in pathology (as must naturally have been the case, not only because this branch of medical study is of great interest and importance of itself, but also because it is by them made the basis for the *most* important of all branches of medical research, Therapeutics), and the development, advancement, and promulgation of the peculiar tenets which divide it from other bodies of medical practitioners, have been more and more neglected.

Year after year good and efficient work has been accomplished in all branches of medical labor except in therapeutics and materia medica, while the bureaux to which were referred these subjects—subjects which would seem the peculiar business of this society—have been granted less and less of the Institute's time, and their contributions have grown proportionally more and more meager ; years have been devoted to the consideration of plans for simplifying, condensing, and abbreviating the materia medica, while amplifying, proving, and verifying have been neglected.

The Surgeon, the Sanitarian, the Pathologist, the Obstetrician, and the Pharmacist have been accorded full hearing and respectful and helpful attention, while the materia medica and the therapist, especially in so far as they ventured to differ from the opinions of the majority, have received but scant courtesy.

Eclectic methods in therapeutics have received applause and endorse-

ment, while Hahnemannian homœopathy has received sneering comment or contemptuous silence.

The true scientific spirit, even in this age when the trend of thought is pre-eminently in the direction of the scientific—the agnostic mind, which in all moot questions holds itself ready without prejudice to examine any and all evidence, whether seemingly reasonable or not, and to decide no question without experimentation, is still a rarity. Nor can the members of A. I. H. claim to be exceptions to this rule. Intolerance of all matters which were at variance with their opinions has characterized their deliberations, and this intolerance, while not confined to either side, has been more emphatic if not more aggressive on the part of the majority.

It is not strange, then, that the minority, which no one can accuse of lack of honesty, of earnestness, or of diligence for the best interests of homœopathy *as it understands them*, should have felt that, if homœopathy in its purity was to be preserved, and its further growth and development assured, a new society must be formed where the labors which they deemed most useful, the opinions which they held most vital, and the development which seemed to them most necessary, might be possible. Accordingly, in pursuance of what seemed an imperative demand—an undoubted duty, a new society was formed and was called the INTERNATIONAL HAHNEMANNIAN ASSOCIATION. Mindful of the errors which, in their opinion, had diverted the AMERICAN INSTITUTE from that course which should have made it in the highest possible degree useful to the cause of homœopathy, they determined as far as possible to avoid them.

Formed for a distinctive purpose, this association invited and invites to membership only those who hold in general the same opinions which it holds as to the needs of the hour and as to the best policy for this society, and thus may be in harmony with it in the work marked out for itself. That this seems exclusive and illiberal may be readily acknowledged; that it is necessary if the Association shall accomplish the objects for which it was organized can not be denied.

Believing that upon a careful examination of all the phenomena presented in diseased conditions alone can a true knowledge of the therapeutic needs of the patient presenting such conditions be based, it invites to its membership none who would make partial manifestations or theoretical speculations a basis for therapeutic ends.

Believing that the legitimate sphere of therapeutics is much wider than it is usually supposed to be by a majority of homœopathic practitioners, it invites no one to membership who would make the knife, or palliatives, or anti-pathic methods take the place of the homœopathic remedy.

Believing that the true and only scientific basis of knowledge of drug

action for therapeutic uses is obtained from provings on the healthy ; and knowing of no drugs which have been so proved in alternate doses, or in combination, it rejects as unhomœopathic and unscientific the practice of combination or of alternation of remedies.

Not ignoring the result of clinical experiences, it recognizes that contributions to our knowledge of drug action from such sources always present many elements of uncertainty and would accept such contributions only after repeated confirmations.

Believing both from theory and practice that the smallest effectual dose is always the best—indeed believing that the homœopathic method of drug potentization widens its possibilities for curative action—it invites no one to membership who denies the theory of potentization.

As a society, NO POTENCY or POTENCIES are endorsed. The prescriber of any potency, high or low, will be welcome if his prescription be homœopathic. As a matter of fact a majority of its members use the higher potencies. This, however, is a matter of individual experience, not a requirement of the I. H. A.

Such are the reasons for the formation of this Association, and such its principles and its policy. It is in no sense antagonistic to the AMERICAN INSTITUTE OF HOMŒOPATHY. Many of its members are also members of the A. I. H., and hold themselves ready at all times by their presence, their influence, and their labor to render it efficient aid. Unable within that society to accomplish certain forms of much needed work, the necessity for this one arose.

That another field of labor for the cause which all hold dear is open to *those who are prepared for the work* should be a source of satisfaction to every true homœopathist.

MONTCLAIR, N. J.

ANTIPYRIN AS AN ANALGESIC.

Edwin M. Hale

THIS drug—so abused by the old school as an antipyretic—is likely to become valuable as an agent for the relief of pain.

I dismiss altogether its alleged value in fevers with high temperature, for already experience has dissipated the illusion of the value of any drug in fever which lowers the vitality sufficiently to cause a rapid decrease of heat.

High temperatures are not of themselves dangerous. A decrease of high temperature by quinine or any other drug will not lessen the danger. Only those remedies which decrease abnormal temperature *by acting*

on the cause of the disease, in a homœopathic manner, are of any curative value.

The action of antipyrin in the relief of pain is another matter. *How* it acts we do not yet know. We have no proof that it causes pain; but opium or cocaine does not cause pain, yet they are potent for the relief of pain, and will often cure pain.

But I am convinced that antipyrin not only relieves pain, and is a safe and useful palliative, but I know that it will cure pain in a safe manner. Its power as an analgesic was discovered accidentally, as the virtues of many drugs have been.

For months I carefully read and collated the reports of various physicians who are using it as an anodyne, and the testimony seemed to me so favorable that I resolved to give it a trial.

Opportunities were not wanting, and I commenced its use in certain obstinate cases of hemicrania, facial neuralgia, and other headaches which had obstinately defied our homœopathic remedies.

My *first* case was one of occipital headache of a very violent character. The victim was a man about 55 years of age. The attacks appeared early in the morning, after a night of card-playing, smoking, and drinking of whisky. He could not sit or lie still, and continually walked the floor, moaning. His face was pale and sunken, and the symptoms pointed to that condition known as anæmic headache. I dissolved ten grains in twenty teaspoonfuls of water, and ordered a teaspoonful every half hour. After the fourth dose the pain abated so that he could lie down and sleep. This was not altogether satisfactory, and the next time the headache occurred I gave five grains at a single dose. In an hour relief came—sooner than by any drug he had ever used. Then I gave him a prescription as follows :

R	Antipyrin	-	-	-	-	-	-	-	-	℥	iss
	Aqua	-	-	-	-	-	-	-	-	℥	ii
Mix.	A teaspoonful on waking, in water.										

My object was to anticipate the pain. It was and continues to be successful. He can now always prevent the onset of the headache by one dose. No other drug I ever used has been attended with such success.

My *second* case was a woman of middle age, subject to violent occipital headaches, coming on in the forenoon, and increasing in intensity till evening, when, if not relieved, she became delirious and hysterical. I had used picrate of ammonia, and verat. vir. and alb. and nux with some success, but never satisfactory.

Antipyrin was given—one grain every hour—with the result of giving relief in a few hours. Then at the next attack I prescribed five grains as soon as the pain commenced. It subsided in less than an hour, and

the patient slept two hours and awoke free from pain. Under this treatment the attacks are becoming less and less frequent.

The third case was one of neuralgia of the right side of the face, particularly over and around the eye. The paroxysms occurred at 7 A.M. every day, and lasted all day. He had taken quinine in massive doses with no good. I gave nux vomica, then belladonna, with no better result. Then I prescribed five grains of antipyrin to be taken at 6 A.M. The pain came on slightly at 11 A.M., and lasted a few hours. The same dose was repeated the next morning at 8 A.M. No pain that day or since.

I have the record of many similar cases successfully treated with this drug, but these must suffice.

In several cases of ovarian neuralgia it has given some very happy results.

In the *Medical Record* of March 10 appears the report of a French physician, Dr. Legroux, who tested its value in chorea. He cites six cases, in which in doses of three grammes per diem a cure was obtained in seventeen days. The cases were old and obstinate. This is better than the results gained from the use of arsenic, cicicifuga, or any other remedy yet tried. As to the dose, I do not think we shall succeed with the attenuations. I have not, and I carefully tried the 2x and 3x triturations. I have seen no unpleasant effects from five or ten grains repeated twice or thrice. Let us test this drug without prejudice, even if we have no provings.

65 Twenty-second Street, CHICAGO.

P.S.—Since the above was written I can report another case of headache, in my own person, in which the relief obtained by this drug was very prompt. I am subject to a headache which commences in the morning on waking. It is worse over the left eye, a dull, wearing pain. It increases all day and reaches its maximum just before sundown. After dinner it often subsides, but occasionally lasts all night unless I take chloral and get sleep. Neither nux vom. nor spigelia arrests it. A few days since I had a severe attack. It grew worse till 10 P.M., when it became almost unbearable.

An hour after I went to bed I felt obliged to take some drug to get to sleep, and instead of chloral I took five grains of antipyrin. In twenty minutes I felt the pain decrease rapidly and soon fell asleep. My sleep was calmer than usual and filled with pleasant dreams of grand and romantic scenes.

In the *Medical Record* of March 24 is an editorial, giving the synopsis of a paper read by M. Ossian Bonnet before the Academy of Medicine of Paris. He takes the ground that sea-sickness is a purely nervous disorder—essentially a vertigo—due to the motion of the vessel. He

declares that antipyrin is *the* specific, having tested it on himself. He advises 20 to 25 grains, and says it is rarely necessary to repeat the dose.

Another proof of its analgesic powers as related by a foreign physician is its power to prevent painful contractions of the uterus. While giving ergotin for uterine fibroids he found that the painful contractions became unbearable. He then combined with the ergotin 5 to 10 grs. of antipyrin. The result was that, although the contractions were just as forcible, they gave no pain. He then tried it in the painful contractions of labor with the happiest results; also in spasmodic dysmenorrhœa. It would seem that it is an analogue of viburnum, not only in relieving pain in the uterus, but in arresting hemorrhage.

This is an important discovery, for if it will abolish the painful contractions in labor, and not lessen the potency of the pain, it will prove a great boon to women in confinement. H.

A CASE OF POISONING.

Wm. Steinrauf, M.D.

HENRY COOK is five weeks old; weak and puny. On Saturday, February 18, 1888, his mother, thinking the little lad more restless and noisy than usual, gave him three successive doses of Bosche's German Syrup. She thinks that she did not give more than ten drops, perhaps less, at each dose. And, sure enough, after the last dose, the child ceased coughing and fell into a very nice slumber. The family was happy; the little screecher was hushed. It was now about 3 P.M., and being Saturday, and the mother very busy making preparations for Sunday, she left the babe to sleep on. People in this part of the country believe in the old maxim: "Early to bed and early to rise makes a man healthy, wealthy, and wise," and generally retire, especially the farmers, at 8 P.M. Looking at the infant, and watching it awhile, the parents concluded that there was surely something wrong with it. But what was it? The child was rolling its eyes, was ceasing to breathe at times, turning purple by spells, and acting strangely, so the mother said. A neighbor was now aroused and despatched after the doctor.

It being a terrible night, and the roads in a frightful condition, we did not see the case until shortly after midnight. The babe seemed breathless, looked cyanotic, was frothing at the mouth, did not move, and, as I thought, was dying. In this belief the many neighbors, who had by this time been summoned, fully agreed. By a little questioning the mother told me what she had given. Since 3 P.M. nothing had

been taken. What shall we do? My first impulse was to let the poor child quietly pass away, as it was in the very throes of death. Shall we invoke vomiting? We did not think it could do any good. There was most probably nothing in the stomach, and then the vomiting might strangle it.

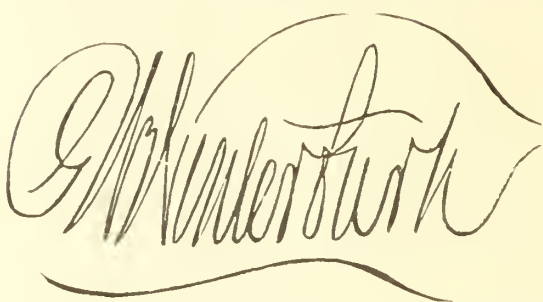
I had no other medicines with me except my case, containing Swan's high potencies. I hurriedly prepared a solution of belladonna and administered a half-teaspoonful every ten minutes. This was done with the greatest possible difficulty, as the child could scarcely swallow. Now I engaged the services of two old ladies to sharply slap the infant's palms, whilst I kept up a continual slapping of the little patient's chest, and occasionally brushed his little feet with a shoe-brush. For a long time all this had no effect whatever, but by and by the child began to grow uneasy, began to moan and show other signs of returning consciousness. After a while we would all cease our efforts and take a rest, and instantly he would relapse into stupor and lethargy. The work was then resumed with renewed vigor and strength. So we worked, fearing the worst one minute and hoping for the best the next. After working with the child in this way for about three hours, the swallowing became better, and we discontinued the belladonna and gave strong black coffee. It was not till after seven hours' hard work of slapping and brushing the infant that we could pronounce it doing well and take our departure. During Sunday he was doing fairly well, but was worse again on Monday in spite of small and frequently repeated doses of brandy. We prescribed other remedies in high potencies, as we saw the indications for them, and it was not till after two weeks that he could be pronounced well. I think the mother will never again give "cough syrups."

NOKOMIS, ILL.

THE AMERICAN INSTITUTE, SESSION 1888.—PRELIMINARY NOTICE.

The American Institute of Homœopathy, will convene its Forty-first session and celebrate its Forty-fourth anniversary, at the International Hotel, Niagara Falls, New York, commencing Monday evening, June 25, and closing Friday noon, June 29. The local committee of arrangements has secured suitable rooms for the general and sectional meetings, as well as for committees, etc. The capacity and accommodations of the hotel are ample for all members and other physicians and their friends who may be in attendance. The committee on railroad fares expects to secure reduced rates over all the trunk lines and branches. Full particulars of railroad rates will be announced hereafter.

VAGINAL INJECTIONS DURING THE PUERPERIUM.



[This article was written for the December, 1885, meeting of the Obstetrical Society, and has never appeared in print. This explanation will account for the tone of the article, but the opinions therein expressed are still entertained by G. W. W., only perhaps a little more so.]

THE purpose of this brief paper is not to urge the value of vaginal injections during the lying-in period, nor to detail the methods of their application, nor to specify the components which have found most favor among practical men. You are all readers of medical journals, and you are, therefore, aware of the discussion which has been going on for some years as to the comparative merits of corrosive sublimate, carbolic acid, boracic acid, thymol, hydrogen peroxide, and other substances as antiseptic and purifying washes. It would seem, from current medical literature, as if these things had become a *sine qua non* to a proper obstetric practice; as if the accoucheur who neglected to wash out, or to demand of the nurse to wash out, the parturient vagina at brief intervals failed in a manifest and important part of his duty—a duty so manifest and so important that to neglect it laid the practitioner open to the censure of malpractice; as if it were not at all a question of wash or no wash, but merely as to which of the anti-microbic solutions should have preference in this interesting crusade against that terror of the modern scientific practitioner—the bacilli.

Now, the propositions which I desire to advance for your discussion—and the whole purpose of this paper is simply to initiate a discussion—are these: Are intravaginal and intrauterine injections, during the puerperium, safe? If safe, are they necessary? If not necessary, are they desirable? And I advance these propositions because they are ignored almost altogether by writers on this subject. The desirability and necessity of irrigation are taken for granted and the whole question set aside as definitely determined.

The safety of the operation is invalidated by the testimony of the men who advocate it. Cases of serious poisoning, some of them fatal, are to be found in many of our journals. Take, for instance, the current craze—the solution of corrosive sublimate—which has largely

replaced the use of carbolic acid, because of the danger incurred in the use of the latter. Stadfelt, of Copenhagen, reports a death with all the symptoms of mercurial poisoning, after a single intrauterine injection of a solution of the sublimate. Taenzler, of Breslau, states that he has used this solution freely in 624 cases, in four of which symptoms of poisoning developed; and he seeks to obviate this danger by firmly compressing the uterus after each injection, so that there shall be no fluid left in the cavity. It seems to me that it is a very hardy and good-natured sort of a uterus that would stand that kind of treatment day after day without expressing its dissatisfaction. Now, if in a well-equipped maternity hospital one per cent. or so of all women operated on show undeniable evidences of poisoning in the wards of a thoroughly scientific and experienced physician, what results might we not anticipate in the hands of junior practitioners, who have been led to suppose that irrigation was the correct practice, and who would consequently be less careful to look for ill effects? More than this, if a percentage of women show such immediate and measurable evil consequences, how much larger must be the number in whom permanent deterioration of health is no less serious because overlooked or concealed? Do we not know that drugs produce impairment of vitality, an impairment from which the system never recovers, in doses much too small to be recognized as poisonous in the ordinary acceptance of the word. So that the mere reduction of the strength of the wash will not prevent ultimate deleterious effects in susceptible patients; and who can dare to say that any given patient is not susceptible, either by reason of inherent trait, or by some especial and temporary reason then and there present? It is evident, therefore, that the use of crude local medication on tissue so hypersensitive as the puerperal vagina and uterus is fraught with constant menace to health, and is occasionally followed by serious consequences, and that these results cannot be foreknown. That these have been overlooked, and consequently cannot be very important, is a fallacy upon which many a system of practice has been founded and has flourished.

But even were these vaginal and uterine injections—and, in the hands of the ordinary practitioner, the thorough irrigation of the vagina at this period, with the woman in a recumbent position, means more or less injection of the uterus also—absolutely safe, would they be necessary? How many of you lose patients by septicæmia, or have patients in whom convalescence is manifestly, or apparently, delayed by reason of lack of antiseptic precaution? This is a matter for individual testimony; and I give mine for what it is worth. Leaving out the more desirable class of practice, where persons have some notion as to what cleanliness is, and confining our attention simply to tenement-house patients, the class that fill our hospitals, and

where antiseptics are needed, if anywhere, during the years 1879-1883 inclusive, I attended, of this class, three hundred and sixty-seven cases of women in labor. Not a very broad experience, indeed a very meager one compared with that of many of you, but of importance in this inquiry, because every one of them was carried safely through without a single death, and, with one exception only, without the use of disinfecting washes. This exception was a case where, from traumatism, the child had died in utero, and the fœtus, in a very decayed condition, was removed instrumentally by Prof. Burdick, at my request. Here a solution of dilute Platt's Chlorides was used during the operation, and for the subsequent twenty-four hours, and then its use suspended. This is the extent, in these three hundred and sixty-seven cases, of the use of disinfecting solutions on the person of the patient. This neglect of an approved method of practice, that is approved by those who call themselves scientific, arose in no sense from carelessness, or a want of a proper appreciation of the duty laid upon every practitioner to give his patient the advantage of every accessory of treatment which might tend to her welfare. I think I can fairly say that I have ever given to the least remunerative cases the same watchful care of details that I gave to those in which the *honorarium* was ample; and it is to this watchfulness and prevision, this minute instruction as to personal cleanliness, as to the dietary, and the meeting of abnormal conditions promptly with the indicated remedy, that I owe such success as I have had. For I had not only no deaths among these three hundred and sixty-seven cases, but no cases of delayed convalescence from septic poisoning. Either antisepsis was unnecessary, or I am incapable of recognizing the effects of septic influence. And yet these are the very patients where, if anywhere, the antiseptic treatment might be used with advantage. Who that has climbed the dark and noisome staircase of such a tenement as it was the custom to build twenty or thirty years ago, and in which the bulk of our poor are now housed, and has been ushered into one of those inner bedrooms—by grace a bedroom, but in fact a closet—into which a ray of sunshine has never entered since those walls were built, and finds there a woman racked with the pains of motherhood, whose physical forces are reduced to the lowest ebb by overwork and underfeed, upon a bed which would be insufferably repulsive to any one whose sensibilities had not been crushed by mental and moral starvation, but will say with me that if antisepsis be not necessary here it can not be necessary anywhere? If such an experience as I have detailed can be permitted to count for any thing, then vaginal injections during the puerperium are not a necessity.

And, if not necessary, are they desirable? It is certainly not desirable to disturb the parturient and puerperal patient with *any* form of treatment which exposes her to fatigue and mental annoyance; and the

injection does both. It is certainly not desirable to give a patient an idea that she is in a dangerous state, or in a state in which extraordinary precautions are necessary; the mental unrest thus occasioned is itself fraught with danger. It is certainly not desirable to run the risk of causing alarming and violent uterine cramps by the accidental introduction of a carbolized, or otherwise medicated, injection within the uterine cavity, an accident which many of you will bear me out in saying is not of infrequent occurrence. And, finally, while not denying that occasion may arise in which a properly given injection may save life, let me here register my protest against its indiscriminate or general use, as contrary to common sense and common experience, and provocative of mischief even in the hands of the skilled practitioner.

VERIFICATIONS OF IRIS MINOR.

G. WIGG, M.D.

IN October, 1885, I made a proving of the above plant, which grows very luxuriantly in the clay ground and on the hillsides in this State. Prominent amongst its symptoms were:

A gloomy, cast-down and homesick feeling; itching and burning of scalp; pain in second upper molar tooth, left; headache in both temples; vomiting of very green bile; a deathly sensation at pit of stomach; a fearful pain in ileo-cæcal region; a hard chill at 2 P.M.

I now send you report of a few cures, and verifications made with the remedy coming under my own observation.

Mrs. A., a school-teacher, has complained for several years of a pain commencing in the right eye and thence to the right half of the head. When the pain is most severe she vomits up a quantity of green bile. When she does not vomit, she has nausea, with a chill between two and three o'clock P.M. The pain passes off in her sleep at night. The strangest thing about the case is that the pain always commenced on Saturday, and in the morning before she gets up. From Sunday up to Saturday morning she is free from pain. She complains of no other ache or pain. She has received at various times aloes, *actea rac.*, *iris ver.*, *kali bich.*, etc., without much benefit. After hearing her story, and the number of remedies she had taken, I thought of my experience with *iris minor*, and taking into consideration her pain in the head, vomiting of green bile, and the chill between two and three P.M., I put a few pellets of the 30x of *iris minor* into a two-ounce vial of water, and gave it her, with instructions to take a teaspoonful every six hours, commencing every Friday morning, and continue it till after the pain left on Saturday night.

One month after taking the first dose I saw her. After asking how her health was, she said, "I thought you homœopaths did not give morphine." I informed her that I should do so, if in my judgment it was necessary, but that, in her case, I had not done so. She replied that, owing to the relief experienced after the sixth dose had been taken, she thought I had a way of fixing morphine so that no one could taste it.

Three months after this I saw her again. She says the pains have left, and should they return she will send for more of the same medicine.

Mr. E., a bookseller, after walking thirty miles over a mountainous country on a hot day in August, while in a state of perspiration drank a large quantity of buttermilk. Four hours after he was taken with a fearful pain in the ileo-cæcal region, which caused a deathly sensation at pit of his stomach. He finally threw up a cupful of dark-green bile, but he got no relief. He sent for an O. S. M.D., who pronounced it a case of obstruction of the bowels, and informed him that he could not live longer than four days. Yet he lingered on for three weeks, when he was brought home to Portland and placed under my care.

After making an examination of his condition I came to the conclusion that he was a badly treated case of typhlitis. Pressure upon the ileo-cæcal region caused a death-like sensation at the pit of his stomach. The pain would continue till he threw up a cupful of dark-green bile, his bowels somewhat constipated. I gave iris minor, the 15x, every three hours. He at once commenced to improve, and in two weeks was in his store.

In March, 1886, I induced my wife to take six drops of iris minor 2x, every two hours. After she had taken the sixteenth dose, she complained of a strange sensation in her mind, thought some of her friends had died. The impression was so strong that she sat down and had a good cry. This ended the experiment for that time. The next day she was unusually cheerful.

About three months after this she complained of a lame back. I dissolved a teaspoonful of pellets (iris minor 3x) in a glass of water; dose a teaspoonful every hour till the back was easy. On the second day—afternoon—she said: "I am going to lose my mind. I feel just as I did when you gave me that wild iris." I tried to persuade her that she was all right, but the more I reasoned with her the more despondent she became, and could not keep from crying. She was as cheerful as ever the next day. As I gave her this remedy for an experiment, she does not know to this day that I gave her iris. I cannot tell what she thinks.

EAST PORTLAND, OREGON.

CORRESPONDENCE.

To the Editor :—I get the blues, a kind of liver, when after fifty years' practice I read of a drug unknown to me. What on earth is MURE? It is not in Allen's Encyclopædia nor in the U. S. Dispensatory, and the nearest I can come to it is murr, the Arabic for myrrha; but the symptoms do not correspond to myrrh at all. Is it a private property? Then it has no place in a journal written for the profession; and especially I am afraid of that mure, as it is eminently adapted to all forms of intermittent fever—a dictum for which even quinine has to give way, for even the old school acknowledges that quinine is not adapted to all forms of intermittent fever, but only where periodicity is the characteristic bent. No individualization? Shades of Hahnemann, what are we driving at, and this under the auspices of the new editor, as good a homœopath as we want to see at the helm of our old A. H. Give us more light of the remedy and of its foster-parent, and oblige,

Yours fraternally,

S. LILIENTHAL.

[Dr. Livor has been duly requested for further light on his proving of "mure," and we trust the same will be forthcoming at an early date.—ED.]

BOOK REVIEWS.

"CYCLOPEDIA OF OBSTETRICS AND GYNÆCOLOGY." (12 vols., price \$16.50.) Volume V., containing: "Gynæcological Diagnosis; General Gynæcological Therapeutics," by R. CHROBAK, M.D., Professor of Gynæcology at the University of Vienna; and "Electricity in Gynæcology and Obstetrics," by EGBERT H. GRANDIN, M.D., Obstetric Surgeon to the N. Y. Maternity Hospital. With one hundred and sixty-five Wood-engravings. New York: William Wood & Company.

"CYCLOPEDIA OF OBSTETRICS AND GYNÆCOLOGY." (12 vols., price \$16.50.) Vol. VIII., "Diseases of the Ovaries," by DR. A. OLSHAUSEN, Professor of Obstetrics and Gynæcology at the University of Halle. Thirty-six fine Wood-engravings. New York: William Wood & Company.

"CYCLOPEDIA OF OBSTETRICS AND GYNÆCOLOGY." (12 vols., price \$16.50.) Volume XI., containing: "Sterility; Developmental Anomalies of the Uterus," by P. MULLER, M.D., Professor of Obstetrics and Gynæcology at the University of Berne; and, "The Menopause," by E. BORNER, M.D., Professor of Obstetrics and Gynæcology at the University of Graz. With fifty-nine fine Wood-engravings. New York: William Wood & Company.

"CYCLOPEDIA OF OBSTETRICS AND GYNÆCOLOGY." (12 vols., price \$15.50.) Volume XII., containing: "Diseases of the Tubes, Liga-

ments, Pelvic Peritoneum and Pelvic Cellular Tissue; Extra-Uterine Pregnancy," by L. BANDL, M.D., Professor of Obstetrics and Gynecology at the University of Prague; and "Diseases of the External Female Genitals; Lacerations of the Perinæum," by P. ZWEIFEL, M.D., of Erlangen. With one Chromo-lithograph and eighty-eight fine Wood-engravings. New York: William Wood & Company.

These four volumes, which appear out of the regular order, bring the *Cyclopædia of Obstetrics and Gynecology*, the most noteworthy medical publication of the year 1887, to a close. In the previous issues of the *HOMŒOPATHIST* we have already spoken so highly of this work that but little more can be said except to give a brief statement of the preceding volumes and to add that the present volumes are fully up to the standard of their predecessors.

A glance at the books placed upon the reviewer's table during the past twelve months finds no single subject or series of volumes upon a single branch of medicine so completely and elaborately treated of as in the twelve volumes with above title. For a verity they constitute a *cyclopædia*.

Beginning with Vol. I., the student or practitioner is given the anatomy of the genitals, menstruation and fecundation, normal pregnancy and labor, with four colored plates and two hundred and sixty-seven fine wood-engravings.

Vol. II. is a continuation of I., giving the pathology of pregnancy, with two colored plates and forty-five wood-engravings. Vol. III. is devoted to the pathology of labor and the uses of ergot, containing two hundred and forty-eight wood-engravings. Vol. IV. is given over to obstetric operations, with the pathology of the puerperium. This volume is embellished with one hundred and ninety-one wood-engravings—the use of forceps being particularly well shown. Vol. VI. is the fruit of two volumes treating especially of gynecological examinations, minor therapeutic manipulations, elementary operations, and operations on the ovaries, Vol. VII. taking the operations in detail, these two volumes giving three hundred and seventy-seven engravings. Vols. IX. and X. give attention to diseases of the female mammary glands by Billroth; new growths of the uterus by Gusserow; diseases of the female urethra and bladder, by Winckel; and diseases of the vagina, by Breisky; both volumes abundantly illustrated.

The fifth of these volumes now specially before us shows what a small part medicine plays in modern gynecology as exemplified by the teaching of the specialist of the dominant practice; out of two hundred and eighty pages contributed by Chrobak but forty are devoted to treatment by medicine. The second portion of the work upon electricity in obstetrics and gynecology has hardly received the space its importance demands. In extra-uterine pregnancy electricity, from the success in the treatment of this complication by this means, stands at the head of all remedies. It has also taken a prominent place in the treatment of diseases in the female sexual organs through the recommendation and labors of Apostoli and Munde.

The eighth volume contains an anatomical and histological description of the ovaries, a full account of the diseases which affect them, and operative procedure for their relief. The principal portion of the book

is devoted to the consideration of ovarian tumors and the operation of ovariectomy, in which the vexed questions of castration, the treatment of the pedicle, and similar points are discussed.

The eleventh volume deals with sterility, a subject which, as the author says that one out of every eight marriages is unfruitful, possesses considerable interest for the profession. Sterility, contrary to the formerly received opinion that the woman was always at fault, is now shown due in many cases to abnormal conditions in the man. In the latter part of the book, Dr. Borner contributes an interesting monograph on the menopause.

The final volume considers pelvic peritonitis and the inflammatory deposits which so often follow this disease, and extra-uterine pregnancy and its treatment, although he has little to say of electricity in its treatment.

The thanks of the profession are due to Messrs. Wood & Co., not only for their enterprise in placing so complete a work before them, but also for the very liberal terms upon which it is offered. In its entirety this series presents a complete *résumé* of the latest and best methods of practice, both American and foreign, in this class of diseases, and should have a place in the library of every wide-awake practitioner.

OUR EXCHANGES.

OVARIOTOMY IN A CHILD.—The case, which was mentioned in the *Revue des Maladies de l'Enfance*, was as follows: The patient was a well-developed girl, aged nine. She complained of having suffered for two years with severe abdominal pains, and stated that the tumor had been gradually forming ever since that time. The circumference of the abdomen over the navel was sixty-two centimetres, and a little lower down was sixty-four centimetres. On palpation the tumor was found to be more on the right side, and constituted two large movable masses; there was no fluctuation. The uterus was only slightly developed, and the vagina only eight centimetres long. The author's diagnosis was ovarian cyst with a long neck. Laparotomy and puncturing were first performed, after which the tumor was extirpated, the neck being ligatured. Healing was rapid. The tumor, with the liquid which it contained, weighed two thousand grammes. The little patient recovered. —*Therap. Gazette.*

STITCHES SAFER THAN SAFETY-PINS.—“What is safer than a safety-pin?” was the conundrum asked at a recent mothers' meeting. The answer was “stitches.” There are thousands of fond mothers who sew on baby clothes while he is in long dresses. Those who have never tried it laugh at the idea, but mothers know that even small safety-pins, when placed in the little flannel band, annoy the tender skin of baby. If rose leaves troubled the princess while she slept, why shouldn't brass pins annoy baby? So the tender mother threads a needle with soft darning cotton, slips her left forefinger down baby's band and holds with her thumb, then deftly takes four or five snug stitches, and the band is on for the day.—*Herald of Health.*

THE WATER DRUNK BY SOME PARISIANS.—During the past year the following dead animals were fished out of the Seine within the city

walls :—2,021 dogs, 977 cats, 2,257 rats, 507 chickens and ducks, 3,066 kilos of butchers' refuse, 210 rabbits or hares, 10 sheep, 2 colts, 71 pigs, 49 geese and turkeys, 10 calves and goats, 3 monkeys, 1 snake, 2 squirrels, 3 porcupines, 1 parrot, 609 assorted birds, 3 foxes, 130 pigeons and partridges, 3 hedgehogs, 8 peacocks, and 1 seal. This is, perhaps, barely meat enough for substantial broth, but too much for plain drink.—*Pacific Record*.

GNORRHŒA IN YOUNG CHILDREN.—On August 25th a boy of nine years was sent to be operated upon for phimosis. Upon examination I discovered that he was suffering from acute urethritis with balanitis, and refrained from operating. He admitted having several times in the previous three weeks attempted sexual intercourse with a colored girl, seventeen years of age. Two days afterward an older brother, aged eleven, came to me with the same disease and acknowledged infection from the same source.

Ten days ago I visited a girl of nine, the youngest member of a family of excellent social position, and found her with a severe urethritis and vaginitis. She had already been treated three weeks by external applications to the vulva, her physician thinking she had a cutaneous disease. I diagnosed gonorrhœa, and put her under treatment. At present she micturates without pain and the discharge has entirely ceased.—Dr. J. S. Prettyman in *N. Y. Med. Record*.

COLORS IN THE TREATMENT OF INSANITY.—Dr. Ponza, medical superintendent of the lunatic asylum at Alessandria (Italy), reports some experiments which he has made on the effect of colored light on lunatics. The idea was suggested to him by the observations of Robert Hunt on the favorable effect which light transmitted through violet-tinted glass had on the development of animals and plants. Dr. Ponza selected rooms with as many windows as possible, and he had the walls painted of the same color as the window-panes. A patient suffering from melancholia, who would not eat, was placed in a room with bright red walls and windows; in three hours he became quite cheerful and asked for food. Another lunatic, who always kept his hands over his mouth to keep out air and nourishment, was placed in the same room, and the next day he was much better, and ate with a hearty appetite. A violent maniac was placed in a blue room, and became quiet in an hour. Another patient, after spending a whole day in a violet-colored room, was completely cured. Theoretically this appears to be a very interesting experiment, but we have good reason to believe that in practice it is of little real service. It had one very good effect, which was that it induced the medical men who were making the experiment to spend a good deal of time and attention on the patients who were under treatment. One German medical man who visited Alessandria said it was "most excellent for the doctors." It is probable that in some future day electric light may be used for the darker parts of asylums, and then we shall be able to see whether electric light will serve to develop vitality in men as it has been proved to do in plants. In many persons of unsound mind the whole vital energy is defective, and the medical officers often feel a sad want of something which will produce energy. Stimulants of one kind and another are tried, and do some good; but we should welcome some more general natural means of improving the general health. The

asylum physician looks to food, warmth, and exercise as his great assistants; and if electricity, or blue or yellow rays, can be added, so much the better.—*Brit. Med. Jour.*

A contributor to one of the eastern weekly medical journals gives an account of the hundred and forty odd cases of midwifery which have occurred to him in the course of a practice in the country, and makes the remarkable statement "In none of the cases was there a lacerated perinæum." It is furthermore stated that some thirty-eight of the mothers were primiparæ. We agree with a speaker at a recent medical meeting in this city, that when a man declares that he never meets with lacerations of the perinæum, it means that he never looks for them. To attend thirty-eight successive primiparæ without losing a perinæum, would be as remarkable a run of luck as to win thirty-eight times in succession on the red at *rouge-et-noir*. The lowest percentage of unavoidable rupture in primiparæ, exclusive of tears of the fourchette, is given as fifteen per cent., and that from statistics taken in hospitals where the attendants are most skillful in the management of the perinæum. Schoerder's statistics give thirty-seven per cent. of ruptures in primiparæ, and twenty-eight per cent. in all cases. A writer who states that he never meets with laceration of the perinæum in confinement, casts a doubt upon the accuracy of his observation which goes far to lessen the value of his other statements.—*Northwestern Lancet*.

HYSTERICAL RELIGION.—"Of course," says the *Lancet*, "nothing disrespectful to the idea of a truly religious sentiment must be inferred from our use of the phrase *hysterica religio*. What we mean to designate by that term is religious fanaticism essentially emotional in its nature, and probably also in its origin. 'Jumping,' 'shaking,' and the like are distinctly morbid disturbances brought about by abandonment of the controlling will and judgment to the sensory impulses or the passions. Weak minds are supposed to be more prone than those which are normally robust to make this surrender of self-control, but, as a matter of fact, it may be, and doubtless is, not infrequently made by the strongest of intellectual organisms under the influence of such strong 'feeling' as may readily be produced by overtaking the higher cerebral centers. The wondrously complex mental apparatus is easily thrown out of working order, and it is not in the least surprising to find the more delicately organized and sensitive machinery of mind work so disabled. It follows upon this consideration that the subjects of 'hysterical' disturbance in connection with religious thought and emotion are rather to be pitied than blamed for their vagaries. Nor are we prepared to say that, however much the existence of distinctly hysterical religions may be regretted, they ought to be put down by law. At the same time it is clearly in the interests of public health and sanity that they should be adequately controlled, and we can not help thinking that the young girls who hop in 'glory holes' ought to be placed under some kind of supervision, if only that they may not be allowed to fall victims to the men 'full of devils' who are *not* turned out of the places of 'worship' where these decidedly undesirable orgies are held."—*N. Y. Med. Jour.*

COCAINE IN GONORRHEA.—Of all the twisting, burning, lancinating pains which afflict mankind, that accompanying the act of micturition

during the acute stage of a gonorrhœa is perhaps the worst. A great point is gained if in some simple way this excess of pain can be obviated, and an injection of a four per cent. solution of cocaine overcomes the difficulty almost completely. Before micturition, let the patient inject from half a dram to a dram, retain it for a few minutes, after which micturition can be accomplished painlessly.—*Medical Review*.

PAIN IN CANCER OF THE UTERUS.—Prof. William Goodell says: There is a widespread opinion—I think that I had better call it a delusion—that cancer is always a painful affection. It is the general belief that cancer cannot exist without inflicting severe lancinating pain, and this often leads to error. Cancer of the cervix is not usually accompanied with more pain than what most women have at times felt in the pelvis. Women have pain in the back from a number of causes. They get it from sub-involution, from nerve prostration, from laceration of the cervix, and from displacements of the womb. In this way it often happens that neither the physician nor the patient will attach any importance to the slight local suffering evoked by a cervical cancer. It fact, such a growth rarely causes exacting pain until it involves the os internum. When, however, the disease reaches the uterine cavity, the pain is usually excessive. I had one patient who, during the last week of her life, daily took from 30 to 35 grains of morphia. It is your duty, under these circumstances, to give these patients as much morphia as they can safely take. Let them have a euthanasia—a pleasant death. Do not be misled, then, by the absence of pain, for cancer, even of the abdominal organs, is often unaccompanied with pain. This is true even in malignant diseases of the stomach, in which pain may be by no means the overshadowing symptom.—Cancer of the ovary may be absolutely without pain, but cancers of the skin, or of the underlying soft parts, are usually attended with severe suffering.—*College and Clinical Record*.

PREMONITORY SYMPTOMS OF PHTHISIS.—M. René Serrand has just published a work in which, among other questions relating to tuberculosis, he has made a special study of the first symptoms of phthisis. He says:

"In patients doomed to pulmonary phthisis there always exist very clear and decided pharyngo-laryngeal signs, which precede for some time the pulmonary symptoms.

"These signs are three in number:

"1. Pharyngeal anæmia. The pharynx is pale, white, discolored, in place of having its normal color.

"2. Impaired action of the inferior vocal chords through atony of the constrictors.

"Local congestion of the arytenoid and inter-arytenoid mucous membrane, manifesting itself in swelling and a cherry-red inflammation of that locality.

"These three signs may exist simultaneously or alone. The presence of even one is a strong indication of approaching pulmonary tuberculosis; whenever a physician finds all three present, this prognosis is certain.

"Pharyngeal anæmia, impairment of the vocal cords, and congestion of the arytenoid region, symptoms which have nothing in common

with laryngeal phthisis, are the heralds of pulmonary consumption. The physician who knows how to read the larynx of his patient can avoid a great many missteps, for, warned of the danger ahead, he can institute a prophylactic treatment, and arrest phthisis in its first stage. (*Journal de Médecine de Paris.*)—*Med. Reg.*

COCA.—BY H. H. BUSBY, M.D., NEW YORK.—More than three hundred years ago the intelligent priests and noblemen who visited Peru brought home specimens of the coca plant, accompanied by accounts of its remarkable power in enabling the Indians to undergo, without suffering, the long and terribly exhausting journeys across the high and steep Andean passes. The material which they brought home was tested, and found to be destitute of the properties attributed to it. . . . By long and patient investigation I have established to my own satisfaction the fact that recent coca-leaves possess all the properties that have been so long attributed to them by the natives who make daily use of them. . . . There probably does not exist a domestic remedy which is so largely used, and with such good results, as are coca-leaves. It is because of its valuable properties that the plant has come to be regarded as sacred by a superstitious race, who see no natural law in the action of drugs, attributing all to the workings of magic. . . . The great difference between native coca and other drugs of its class is that its effects do not greatly diminish with continued use. What it does for the Indian at fifteen it does for him at sixty, and a greatly increasing dose is not resorted to. There is no reaction, nor have I seen any of the evil effects depicted by some writers and generally recorded in our books. I myself mixed for nearly a year among a million people who use coca daily without ever seeing a single case of chronic cocaism, although this one subject chiefly occupied my attention, and I searched assiduously for information. Reliable citizens informed me that they had heard of Indians who had presented the terrible symptoms of which we read, while others denied their existence, declaring the only evil effect to be the loss of the sense of taste, which became noticable in the case of cooks. These people have been described as "weak, puny, and intellectually little above the beast." So far as this applies it is a race peculiarity, and it is the more remarkable that such a people should perform daily tasks, during long lives, which would quickly destroy our finest athletes. I believe that cases do exist where coca-chewers become intemperate, carrying the habit to a point where it becomes ruinous, but it is certainly true that the cases are so rare as to be almost unknown, and the result is doubtless due to constitutional peculiarity or predisposing disease. Cases of extra need are customarily met with an extra supply of the leaves, and the desired effect is always promptly obtained, but on the cessation of the unusual demand the consumption at once falls back to the accustomed amount.

There are two conditions in which the internal effect of coca-leaves is quite as magical as the local effect of cocaine. First, in case of the discomfort or pain resulting from over-eating, or from habitual dyspepsia; second, in true colic, particularly that of infants.—*Therapeutic Gazette.*

UTERINE MASSAGE; MASSAGE IN GENERAL AFFECTIONS.—By Dr. Dujardin-Beaumetz.—The application of massage to confinement cases

was understood in the earliest historical times. We find that almost all of the mechanical means used by the primitive obstetricians to assist labor, however odd they may appear to us, consisted of massage in some form.

By massage, four results are obtained. 1. The excitation of the uterine contractions : 2, the rectification of undesirable positions ; 3, delivery by the process of *expression* ; 4, and finally, the arrest of hæmorrhage. To day these manœuvres are known, and generally give excellent results.

Massage of the gravid uterus is accomplished by circular palpations of the abdominal surface. In certain cases bi-manual massage should be practised, that is, one hand should be introduced into the cavity, whilst the other, by abdominal frictions—seeks to excite the uterine contractions. This manœuvre is especially used at present in cases of *post partum* hæmorrhage. In gynæcology Norstrom was the most active propagator of this species of massage, which Thure Brandt, in other respects ignorant of medical procedures, was the first to propose for uterine affections.

The practice of the Swedish empiric dates from 1868. Thure Brandt recommends three methods of procedure in uterine massage, which, as now performed, are as follows: The one known as external massage, consists of rubbing and kneading the abdominal wall, under which the operator introduces his fingers to the extreme depth of the pelvis. The other procedure is called *massage mixte*; the patient is placed upon her back, and the *masseur*, taking position at the left, compresses the uterus with the right hand against the middle and index fingers (introduced into the vagina), of the left hand. But the proceeding to which Brandt gives the preference is that which he calls "combination massage," but which I prefer to call four-handed massage. And this is the way the operators carry out this strange manœuvre, which is accomplished by the manipulators. One of the *masseurs* placed between the legs of the patient—introduces the fingers of the left hand into the vagina and raises the uterus, whilst with the right hand placed under the buttocks he kneads the sacro-lumbar muscles. The other *masseur* does the external operating—chiefly upon the abdominal walls—and, acting in unison with a sort of rhythmical motion, the two practitioners devote themselves to stretchings, rubbings and kneadings of every sort.

We cannot too strongly stigmatize such manœuvres as these, and my pupil Dr. Léon Petit, in his communication on massage of the uterus, to the *Société de Médecine Pratique* has fully shown, not only how useless, but how dangerous are such procedures, which, in reality belong rather to the field of masturbation than to that of therapeutics. Therefore, in spite of the facts cited by the partisans of uterine massage, I strongly object to the employment of such measures.

Besides the moral impropriety of this jumbling up of the genital parts, whether with two or with four hands, there is a rule which should certainly be followed in almost all uterine affections. And this to give the organ perfect repose. Bernutz has insisted, and justly, upon this regulation, and says it is the repose of the organ and of its functional action which, in the greater part of the cases treated, brings about its final cure. In spite, therefore, of the 16 favorable cases recently published by Paul Profanter (*Die Massage in der Gynækologie*, Vienna, 1887), where massage applied to the cure of displacement and prolapsus,

and uterine or peri-uterine engorgements, is thought to have effected cures, I cannot approve of it. I believe that this method of cure for the affections cited is followed by more evil than advantages.

Massage in General Affections. In affections of the heart, massage renders service in combating œdemas; it is also of value in the œdema consequent upon renal affections.—I recall a remarkable instance of its value in the latter condition, observed in the wife of a *confrère* during an attack of albuminous nephritis with considerable œdema of the inferior members; this latter symptom was, in fact, so severe as to keep her in a state of absolute immobility. Massage was used and finally brought about a complete disappearance of the œdema, which did not reappear, although the quantity of albumen in the urine remained the same.

In such cases the effect of massage is two-fold. It first acts locally, and favors the resorption of the deposited liquids, and then exerts a powerful influence upon the general nutrition and augments the excretion of urea. In so doing it combats one of the effects of the chronic alterations undergone in the kidneys.

More than this, I have previously shown, apropos of the physiological action of massage practised upon the abdomen, that it causes a notable augmentation in the amount of urine excreted. We have here an effect which should be taken into account as one of the facts which go to explain the favorable action of massage in cardiac and renal affections.

Finally, in such abdominal affections as constipation, and dilatation of the stomach, we have some excellent results derived from the use of massage. We find that it arouses the functions of assimilation in the digestive tract and favors progression of alimentary substances.

For constipation, all agree as to the good results given by this procedure. Berne, who has especially insisted upon the advantages of abdominal massage, recommends the following method: After having kneaded the abdominal integuments, and then the abdominal muscles, gentle pressure is made upon the cæcal region by means of the palmar extremities of the four fingers, and then, by means of the closed hands, a massage of the whole colon is effected. Berne desired that this massage be made very profoundly, but very gently. He also recommends that the patient urinate before operation, and that a thorough examination be made to make sure that there is present no tumor, or calculus in the gall-bladder. The duration of each sitting should be from fifteen to twenty minutes. Berne, satisfied that, besides its mechanical action, massage plays a notable part in assisting the biliary secretion, counsels the joining of the preceding manœuvres with gentle pressures over the gall-bladder and ducts.

In affections of the stomach, and particularly in dilatation of that organ, excellent results have also been reached by means of massage.

Medical Abstract.

TREATMENT OF BURNS.—Dr. Geo. E. Fell in *Buffalo Med. & Surg. Jour.* says: The dressing which gives the greatest satisfaction is that made of about equal parts of iodoform powder and corn starch with carron oil, and used as follows: The dry powder is dusted upon the wounded surfaces with a duster—a “baby’s puff ball,” those used in the nursery being found to be the best. With this all portions of the wound could be thoroughly sprinkled. The carron oil is then poured

over the powder to cover all parts of the wound ; on this a common roller bandage, thoroughly saturated with the oil, is carefully but loosely wound, and the whole covered with layers of oiled silk, sufficient to prevent the escape of the oil.

COLD WATER IN TYPHOID FEVER.—Dr. S. P. Allen, of Whitney's Point, New York, says : The following conclusions, which were given by Dr. Austin Flint, after closely watching the effects of cold water externally in the treatment of 17 cases of typhoid fever that came under his care in Bellevue Hospital some years ago, are sustained by the results in 13 cases that occurred in my practice since that time :

1. That by the use of cold water externally in cases of typhoid fever the temperature of the body may, after a variable time of its continuance, be reduced to 102° , or even lower.

2. After a period varying very much in different cases, and also at different times in the same case, the temperature rises as high or higher than before the reduction.

3. Upon repeating the employment of cold as often as the axillary temperature exceeds 103° , the number of repetitions necessary is extremely variable in different cases.

4. The sponge-bath, with the wet sheet and sprinkling, may be employed to the exclusion of the bath-tub in the treatment of typhoid fever.

5. These modes of employing cold water may be continued sufficiently long for the reduction of the temperature to 102° , or even lower, and repeated as often as may be required, without fear of injury. And the study of these cases furnishes no ground for supposing that a liability to complications or accidents is thereby increased ; and that the reduction of the temperature by these modes, as often as it rises above 103° , improves the condition of the patient.

6. The results of the analysis of those cases where cold has been faithfully used, affords us encouragement to employ it with the expectation of diminishing the severity of the disease and its danger to life.

—**MANAGEMENT OF CHILDREN'S TEETH.**—Professor Miller, of Berlin, in an article on the "Milk-Teeth," published in the *Therapeutische Monatschrift* (No. 2, 1888), points out the evil effects of sugar and other substances which undergo fermentation changes. A child, he says, is constantly eating sugar and substances containing it, and though the particles of food are more apt to get between the teeth and to set up caries than in the case of grown persons, children never, or at least rarely, have their teeth cleaned. This is a process which he would insist upon, a very soft brush and a weak disinfecting dentifrice being employed for the purpose. He would have it done twice daily. Sweet-meats should, he thinks, be entirely prohibited, or their use very carefully supervised. Barley-sugar he does not consider so injurious as chocolate and soft clammy sweets, for whereas these latter will break up, and particles of them may remain for hours between the teeth, such a substance as barley-sugar is readily soluble, and therefore it is soon carried away into the stomach with the saliva. It must be remembered, too, that starchy substances soon become converted into grape-sugar. Professor Miller suggests that after a child has eaten the barley-sugar allowed him its mouth should be washed out with water.

When the teeth have become decayed they should at once be stopped, even in the case of children under three years of age. All children's teeth should be, he considers, regularly attended to from the very beginning. We fully concur with the recommendation of Dr. Miller that children's teeth ought to be cleaned, and that the fermentation of sugar is a potent exciting cause of caries, but we dissent from him as regards the prohibition entirely of sweetmeats. Sugar is a part of the natural food of children; there is a universal craving for sweets among the juveniles of all nationalities, and the percentage of those having a distaste is almost infinitesimal. If sweets are to be denied, to follow the argument to its logical conclusion, fruit ought to be prohibited, because it has been shown by Magitot, Tomes, and others that citric and malic acid are quite as destructive to teeth as sugar fermentation. —*Lancet*, February 11, 1888.

GLOBULES.

—When tea is taken for breakfast, eggs should be boiled lightly; when coffee is the usual drink, they should be boiled hard.

—The Homœopathic Medical Society of Wisconsin meets at Milwaukee Wednesday and Thursday, May 23 and 24. Jos. Lewis, Jr, M.D., is secretary.

—The effort made by the *Medical World* to substitute the Greek letter *della* (Δ) for the present dram sign (\mathfrak{D}) in prescription writing is a step in the right direction; we hope it may succeed.

—Persistent vomiting, in cases of intestinal obstruction, indicates almost always that the trouble is in the small intestine. If the vomiting occurs early, the strangulation is high up; if stercoraceous, it is low down.

THE LAW OF COMPENSATION.—“It is reported,” says the *Evening Wisconsin*, “that a Georgia farmer made \$100 off an acre planted in watermelons, and a physician in the neighborhood made \$200 off the same acre.”

—“I have a peculiar sensation every time I walk, midway between groin and neck, seems like a bunch of needles sticking in deep; do not feel it when sitting.” *Bryonia c m* subdued it within an hour.—H. W. Andrews in *Hom. Phy.*

—A slight but very widespread revival of bloodletting is, we are glad to see, now taking place, and we hope that, with our enlightened knowledge of pathology, it may not be abused, but used with great profit.—*The Med. Analectic*.

—A Mrs. Partingtonian old lady, being asked her opinion of the relative merits of homœopathy and the regular school, answered that for *infantry* homœopathy might be good enough, but for *adultery* she preferred the good old-fashioned doctor.

—There are many young people who never heard of such things as self-abuse and “sexual excesses” until they saw them blazoned forth

in the daily papers. The instinct of depravity prompts many a young mind to inquire into these things, and to no good end.—*Mcd. Register.*

—Apoplexy at the base of the brain causes at first dilatation, followed in the reaction by contraction of the pupil. Basilar meningitis, on the contrary, causes, first, contraction and then dilatation. In hysteria the pupil usually contracts at the commencement of the attack and later dilates.—*Denver Med. Times.*

—TENDER FEET are relieved by bathing them in a gallon of hot water, holding in solution a good handful of common salt. When the water cools, rub the feet and legs in an upward direction, with a rough towel. This is a domestic remedy, but a useful one after long standing or walking.—*The Med. World.*

—"I regard the use of beer as the true temperance principle. When I work all day and am exhausted, nothing helps me like a glass of beer. It assists nature, you understand," said Remson to Benson. "It makes a fool of me," Benson replied. "Just so," exclaimed Remson, "that's what I say; it assists nature."—*Albany Medical Journal.*

—Chloroform and ether are both antagonistic to cocaine, and the inhalation of either will allay the convulsions due to a poisonous dose of the latter. On the other hand, cocaine may be used as an antidote in cases of poisoning by narcotic agents, especially such as cause great depression of the respiratory and cardiac centres.—*Independent Practitioner.*

In old persons (men I should say), who from cold or other causes can not urinate, or where there is a frequent desire to pass water and only a few drops pass with much straining—frequently with a mucous discharge from the bowels with much rumbling and rolling in the abdomen—no remedy has proved more efficacious than *COPAIBA OFFICINALIS*.—*Bowie in Pa. Transactions.*

—We have fully as much hope for him who educates himself by his own manly efforts, as for him who has his way paid for him. The necessity for self-support disciplines the mind and hand for graver professional responsibilities. What a fine training he would receive who would serve in the capacity of a male nurse in the intervals of his student days.—*The Med. World.*

The Hahnemannian (Nov., '87) prints "Well Done," a poem by Dr. T. P. Wilson, Ann Arbor, dedicated to O. B. Gause, M.D. This is in the usual felicitous vein of Prof. Wilson and negatives the rumor that he has been obliged of late to "go slow" on his practice because of ill-health. Have we any other poets in our ranks—not forgetting for one moment the author of "Humanity"?

—The thirty-seventh annual meeting of the N. Y. State Homœopathic Medical Society was held at Albany February 14 and 15. About thirty members were in attendance. A number of excellent papers were read, with an evening spent in the Common Council Chamber listening to the president, H. M. Paine, in an address on "Homœopathy, its Friends and its Foes." Dr. W. Tod Helmueth was elected president. Syracuse was chosen for next semi-annual meeting in September.

—That typhoid fever can be transmitted to individuals partaking of ice previously polluted with typhoid discharges can now no longer be doubted. It has likewise been shown that the clear block ice offers few, if any, advantages in this respect over the spongy, non-transparent layer that invariably forms part of the large blocks.—*Phys. and Surg. Investigator*.

—I have no doubt that many of our readers enjoy a good joke on homœopathy, and their *infinitesimal nothings*, sugar pills, etc. But if you will examine carefully, you will find a greater percentage of *cures* than with their regular opponents. I have practiced medicine by the side of “sugar pills” and “old bolus” for thirty years, and I am willing to testify to the greater success of the first.—*Chicago Med. Times*.

—In cases of excessive exertion and exposure the Aymara Indian upon the Bolivian plateau uses coca without any limit except his own appetite, but in all such cases I have seen that, the period of strain successfully passed, he enters smoothly and quietly upon his period of rest, eating enormously, but digesting with perfect satisfaction. In carrying a patient through a serious illness and during convalescence the same recourse is had to coca, but generally in the form of decoction or other fluid extract.—*Therapeutic Gazette*.

—The experimentalist frequently bothers himself so much about a disease, that in his heroic efforts to combat it he lets his patient die. His treatment often resembles the wonderful presence of mind of the Hibernian, who, when he had accidentally swallowed a potato bug, at once sent after it a liberal dose of paris green. The true physician has always in mind the patient, his constitution, his mode of life, his domestic surroundings, his mental condition, and everything making up his power of resisting disease and enduring the disturbances of medicines.—*The Med. World*.

—We frequently find in reading reports of clinical work in hospitals, etc., that the cases are introduced to the reader as under the “service of Prof. Whatshisname, A.M., LL.D., Ph.D.,” etc., etc. What need for the “service of”? Many years ago, when we did chores about the farm, hewing wood and drawing water, a neighboring farmer, a horse fancier, had a grand, prancing, pawing horse who bore the name of Mazeppa. Now, Zep’s principal occupation in life seemed to be—Sir? Think not? Well, we desired to see if there was any resemblance between the “service of”— But no matter.

To vaccinate or not?—that is the question ;
Whether 'tis better for a man to suffer
The painful pangs and lasting marks of small-pox,
Or to bare arms before the surgeon's lancet,
And, by being vaccinated, end them? Yes,
To feel the tiny point, and say we end
The chance of many a thousand awful scars
That flesh is heir to, 'tis a consummation
Devoutly to be wished. Ah! soft you now—
The vaccinator! Sir, upon your rounds,
Be my poor arms remembered.

—“*Punch*” in the *Brit. Med. Jour.*

OH-DON'T-OLGY.

DON'T sleep in an illy-ventilated room.

DON'T let young children wear high-heeled shoes.

DON'T kiss every baby in your patients' families.

DON'T use a hard tooth-brush ; it destroys the enamel.

DON'T permit of starched clothing for baby ; it injures the skin.

DON'T disregard a daily toilet for the genitalia ; it will add to health.

DON'T wet the hair except as part of the bath ; then take care to dry well.

DON'T be indifferent and careless in your personal and private affairs.

DON'T forget that for each child that famishes a thousand suffer from repletion.

DON'T use patent hair tonics ; most of them contain cantharides or petroleum.

DON'T suppose a medical diploma will make of a dishonest man an honest physician.

DON'T fail to use applications of cloths wrung out of hot water in pruritus of the vulva.

DON'T use condensed milk in feeding bottle ; it may fatten but retards osseous structure.

DON'T "clip" your hair ; it thickens each individual hair—makes it coarse and bristly.

DON'T put money in your mouth nor allow your children to do so ; it may carry disease germs.

DON'T indulge too freely in drug-store soda water ; it is said to impair the sexual functions.

DON'T neglect to look for decayed teeth in obscure cases of convulsions resembling epilepsy.

DON'T lose your cheerfulness. The company of a good-humored doctor is a feast to the sick.

DON'T introduce finger or hand into genital passage without first washing and cleaning finger-nails.

DON'T overlook a wet compress laid on the stomach and bowels for allaying thirst in intestinal inflammation.

DON'T lay the increase in heart disease to tobacco. Statistics show : women 326, men 225. Women don't use tobacco.

DON'T take the Institute to a pleasure resort simply ; let it be to some place with enterprising dailies and telegraphic facilities.

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The New York State Homœopathic Medical Society has just closed the first session of its thirty-seventh annual meeting, at Albany, N. Y. and its efforts and labors were eminently satisfactory. The president, Dr. H. M. Paine, a genial gentleman and successful practitioner, delivered two addresses—one properly his address of office, and the other a species of lecture given in the evening at the Common Council Chamber, to which latter all friends and members were invited. Both of these addresses, while replete with wholesome truths told in Dr. Paine's inimitable way, were sadly marred by the introduction into them of matters totally irrelevant and in no sense tending to the enlargement of that homœopathic union and love for which the profession as a body and as component parts are struggling. Instead of inciting strife in our own ranks, the first duty of every society, of every journal, of every practitioner, is to unify our members, to mass our forces on our common enemy, so that, instead of appealing to him for a cessation of hostilities, we may compel him to come to us, adopt our methods and remedies publicly, as he is now doing surreptitiously. The trend of President Paine's remarks are not in this vein; his inaugural, so to speak, is couched in sarcasms aimed at those of his colleagues who failed to enter into his individual ideas touching certain desirable changes, whereof we shall speak later on. The evening address, judging from the meagre newspaper report mailed to us, was in a like vein, and, unfortunately, included for its listeners many who are not professional men and women, who are not advised as to the truth of the matters at issue, and who only went to be amused at the masterly ridicule heaped by the president of an influential state society upon one wing of the homœopathic school. It is well always to air family linen at home. If Dr. Paine and his admirers see no better way of relieving Homœopathy from the obloquy with which they believe it weighted, than to appear in public—in a mixed assembly—in cap and bells—the sooner they are relegated to the privacy of a lucrative practice the better for all concerned. Let the printed addresses speak for themselves:

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"This society seemed to be getting on well. There were no external symptoms of serious disturbance of nerve centres: when, all at once, an associate and former student of mine quietly proposed a change of the by laws, such as to require, as a prerequisite to membership, an acknowledgment of a belief in the law of similars. How he came into the possession of such an idea, I do not know. He never acquired any absurdity of that kind in my office."

This was the incorporation of the Latin motto *similia similibus curantur* into the by-laws of the society. "He never acquired any absurdity of that kind in my office." To make sure that we have not

misread we refer to the head of the newspaper column, and find this was said by the honored president of the N. Y. State HOMŒOPATHIC Medical Society. Strangely inconsistent, it seems to us.

"But more singular than all, to me, was the avility with which the society 'caught on.' It did not take two minutes to clamp that provision upon the by-laws of the society, and it nestles there as contentedly as if it had come to stay.

Indeed! What kind of homœopaths does the N. Y. State Homœopathic Society elect to its offices any way? Is it very singular that a homœopathic society—one of the most influential in the land—should be anxious "to clamp that provision upon the by-laws of the society," or that "it nestles there as contently as if it had come to stay?" "Elivin more obstinit min," said the obstreperous juror, "I niver saw in all me loife." Truly, we hope and pray that it may continue to nestle there in absolute peace and contentment until the ultimate disruption of the state society, which even after the retiring president's fusilade seems as improbable as the return of the lost tribes of Israel.

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"There must have been a latent predisposition thereto, else the thing would not have been accomplished so easily or quickly. Would that similar alacrity would also sometime root out high potencies as quickly and easily."

Yes, there is a latent disposition in all true homœopaths to be homœopathic, and the N. Y. society, judging by its past, has always been a wheel-horse in that direction. This address was headed "A Plea for Liberty." The fling at the high potencies, at everything but OUR potencies, is a very patent and potent "Plea for Liberty" with a big L!

"I am sure I do not know what to do about it. There it is; and every year, when a motion or even a look is made toward it, the society has another fit."

Don't know what to do about it? Is there any thing in the constitution, laws, and edicts of the N. Y. State Homœopathic Society compelling you to continue an unwilling devotee at the shrine of Homœopathy? Why not form yourself into a nucleus and attract the other independent molecules who, acting on the suggestion of the *N. Y. Medical Times*, are anxious to form a medical society as epicene in principle as in name? Surely you are without hope of eventual success in the N. Y. State Homœopathic Society if "every year, when a motion is made or even a look is made toward it, the society has another fit." This is the time for disappearing!

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"Is there any thing as incongruous as this? A society, claiming to be liberal in sentiment, yet most intolerant in practice. A society purporting to be in advance of all others; yet stranded, in an instant, as unexpectedly as a thunderbolt from a clear sky, on the barren shores of bigotry and exclusiveness."

Is there any thing incongruous in a thunderbolt being unexpectedly stranded from a clear sky on the barren shores of bigotry and exclusiveness? Is there any thing incongruous in a Jew applying for admission to a Christian church without first renouncing his Jewish belief and promising faithful adherence to Christianity? Is there any thing incongruous in a Free Mason applying for the Holy Eucharist without first discarding Masonry and conforming to the laws and usages of the Holy

Catholic Church? Is there any thing incongruous in a Democrat lusting after the flesh-pots of the Republicans, without first abjuring the Jacksonian simplicity and civil service reform, unless he be a Mugwump? Is there any thing incongruous in an Old School or Eclectic practitioner seeking to bask in the sunlight of successful homœopathic practice, without first subscribing to the fundamentals of Homœopathy?

There must be something wrong about this.

"I admit that other medical societies do substantially the same thing; that they are just as exclusive and intolerant as we are; but are we not aiming at higher and better standards? If our old school brethren have fits, I do not see that that is a good reason why we should have them."

Is it a part of the president's mission to throw out the corner-stone of the edifice which has given him shelter for, lo! these many years? And why? That a few—a precious few, we take it—of the N. Y. State Homœopathic Medical Society may find favor with the apostates from the other schools—with the few kickers from the other schools, who are not bad enough to be kicked out nor good enough to remain; and who would be willing to follow the sutlers' wagons of our army, if they could still be permitted to fire an occasional shot in either direction. Neither the N. Y. State Homœopathic Society, nor, for that matter, any other reputable homœopathic society, is a city of refuge for the lame, the halt, and the blind of the other schools. What is the "higher and better standard"? To defile our own nest that other ill birds may consort with us? Go to!

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"Dr. Dunham, in his admirable and logical address before the American Institute of Homœopathy eighteen years ago," we venture to assert, and with boldness, never for one moment desired his remarks to be construed into a riotous license for emasculating Homœopathy, by throwing out its key-stone—the belief in similars—and admitting under its banner as a true and valiant Sir Knight every medical adventurer—no question to be asked concerning his medical parentage, medical creed, or medical practice—until the *tout ensemble* of any medical body, local, state, or national, should be as heterogeneous as Falstaff's band of soldiers. And were Dunham in the flesh to-day, no one would be quicker to destroy the illusion that liberty meant license than Carroll Dunham. By the way, did not Dunham use high potencies? Can good come out of evil? Shall we laud him into the seventh heaven for his "admirable and logical address before the American Institute of Homœopathy eighteen years ago," and relegate him to the nethermost shades of Dante's Inferno because he used high potencies? Does it make a difference whose ox is being gored? In this age of arbitration may we not justly offset the "admirable and logical address . . . eighteen years ago," with his life-long devotion to and practice of high potencies and the purest of Homœopathy?

"But seriously, what right have we, pretending liberality, and boasting our confidence in the inherent power of homœopathic medical truth [by casting out its prime tenet] to debar any educated medical man the privileges of membership, because, forsooth, he has not yet learned the rhythm of our medical veinacular?

What right have we? The right of every body corporate—a right co-extensive with the dawn of history—to protect itself against the

incursions of the Scythians; to prevent the inroads of hostile or treacherous foreigners into our camps; that we may keep unsullied the purity of homœopathy as it was handed down to us by the Founder. "Any educated medical man," who does not already possess "the privileges of membership" in a society of his own school, is, speaking generally, poor timber for an alien society—especially if he seek admission to such alien society, to enjoy its immunities and benefits, without subscribing to and practicing its fundamental tenets. Does the N. Y. State Homœopathic Medical Society desire such "educated medical men"? We trow not.

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The way to consist is to consist. The inaugural fails in this essential when tried by the evening lecture of the distinguished president on "Homœopathy, Its Friends and Foes," as mark the following:

"He [Dr. Paine] first defined the word homœopathy as the administration of remedies in accordance with a natural law of selection, the law of similars; he holds that it is to be considered something more than merely a department of therapeutics."

This, then, is the true tenet of Homœopathy, as true of the N. Y. State Homœopathic Medical Society as of any other in the land. If this be Homœopathy, and the N. Y. State Homœopathic Medical Society be homœopathic, and grounded in this faith, why does the president bewail the fate of the "educated medical gentleman" minus the "privileges of membership," "because, forsooth he has not yet learned the rhythm of our medical vernacular"? Is not the quotation above given composed of the "rhythm of our medical vernacular"? And should it not in all truth and soberness be required as an essential of every applicant for admission?

"There are two kinds of homœopathy, the true and the false; the true one is destined to complete acceptance by the whole medical profession, as the most reliable and best system extant; the other, the false, growing out of an error of judgment on the part of Hahnemann, being no integral part of homœopathy, and having no reasonable or scientific basis, would be ultimately discarded by the homœopathic school."

There are two kinds of good; the good good, and the bad good. There is no such thing as two kinds of homœopathy, any more than there are two kinds of good or two kinds of honesty. "He that is not for me is against me." Homœopathy, as we understand it to-day, is the invention of Hahnemann; those who follow his teachings are homœopaths; those who deny him are not his followers. Can any thing be plainer? Hahnemann was an adept in the medical practice of his day. This, also, no one will dispute. He gradually changed his practice until the great truth flashed across his mind. He continued to change, to advance from point to point, writing and practicing his new and constantly improved system. He did not cease his labors and investigations until the pen fell from his nerveless grasp. On what basis of reasoning shall we destroy the product of his later and maturer investigations and call them errors? If we may take out of his long life only a few of his earlier researches and append to these the title of Homœopathy, why may not the old school, with equal propriety and justice, quote Hahnemann's labors as an old-school physician, select only such portions as to them seemeth meet, and call these Homœopathy because Hahnemann practiced it? The ripened fruit denoteth

the value of the vine. Let us be slow in imputing error to Hahnemann.

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"Regarding the continued use of the distinctive name, which some desire to relinquish, Dr. Paine argued that homœopaths have no good reason for giving up that which is "recognized the world over as a synonym of the best and most reliable therapeutic method yet vouchsafed to man ; one respected and beloved in every enlightened community."

There we have it again—a stranded thunderbolt out of a clear sky commingled with the shores of bigotry and exclusiveness. And yet this very able exponent of Homœopathy, while theoretically upholding the integrity of the structure, practically seeks to demolish it as an integral part of the N. Y. State Homœopathic Medical Society. Could there be any more pronounced bigotry and churlish exclusiveness than this use of a hated name—when in the next breath we proclaim that we do not want the tenets underlying that name incorporated or made a part of any society of which we are members ? May we not quote again, in evidence of his consistency, from the inaugural address of the retiring president :

"Do not longer permit the touch of this remnant of exclusivism ; this shibboleth of sectarianism ; this Janus-faced emblem of deceit, to longer darken our borders.

In the evening lecture Dr. Paine said :

"That high potency was based on the imperfect theories of Hahnemann, some of the absurdities of which he narrated. It was what drew all the calumny, ridicule and opposition on the true doctrine, and the sooner it was shown up the better it would be for true homœopathy and mankind.

If the enthusiastic lecturer had not been so deeply engrossed in rejecting the corner-stone of the temple, he would probably have remembered that the Old School practitioner of enlightenment and fairness, as well as any other fair-minded man, has no admiration for the practitioner of the new school, who under pretense of Homœopathy really masks his eclecticism and old-school practices. He would be informed somewhat like this : The homœopaths who follow Hahnemann's teachings, as these are extant in his published works, are few and far between—in truth the high potency adherents come nearer to Hahnemann's ideal than the others, for they practise what they preach ; while the others, under the cloak of the now fashionable fad, Homœopathy, resort to every expedient known to the Regulars. These latter have drawn upon Homœopathy as much if not more ridicule than the former. For it is human nature to respect a conviction in another if honestly pursued—even if he be of the Faith Curers ; while the "Janus-faced emblem of deceit" who sails under false colors finds neither respect nor tolerance.

* * *

"The imperfect theories of Hahnemann." Is not the story current that being upon one occasion complimented in Paris on the number of his followers, the aged philosopher and philanthropist, Hahnemann exclaimed in the anguish of his heart that there were many professed homœopaths, but so few followers that they could be counted on the fingers of his two hands. "Imperfect theories," forsooth ! Have we

not to-day members in our ranks who have carried these theories forward as Hahnemann designed them to be promulgated ; and do not these gentlemen and ladies attest the truth of these "imperfected theories," by daily and hourly experiences at the bedside ? Where else can a medical theory be attested ? Are these advocates of the "imperfected theories" all impostors ? Who will dare make this assertion ?

The "Plea for Liberty," as we read it in the two addresses is in the first place, a "Plea for License" to subvert the original intention of the founders of the N. Y. State Homœopathic Medical Society, in order that a few apostates from other schools, who have not backbone enough to come courageously to the front of Homœopathy and face the music, may sneak in under the tent ; and, second, that it is contradictory and intolerant, in that it denies to other workers in the same field with itself the like privileges and immunities enjoyed by itself.

It is matter for congratulation, and a satisfactory evidence of the strength of homœopathic principles, that the N. Y. State Homœopathic Medical Society has a "fit" "every year when a motion or even a look is made toward throwing out the *similia similibus curantur*. And we sincerely hope and pray that a powerful society like the N. Y. State, enriched by such names as Helmuth, Dillow, Moffat, Allen, Wilcox, Talcott and hosts of other good men and true, may continue to have these "fits," and forever resist the encroachments of the iconoclasts.

DR. GUS: MY PRECEPTOR.

V.

"**B**UTTON-HOLE operation, was it?" echoed my precep. with a smile, after I had hurriedly reported to him, while taking off my "top"-coat and rubbers, what I had that afternoon witnessed at the hospital. The operation was skillfully done, and by my favorite professor, so I may have been excusable for the excited and enthusiastic report I made to my good teacher, who had but just disposed of the last office patient, "bounced" the chronic book lender, and was sanding the deck preparatory to the usual sanguinary engagement with *materia medica*. I may as well admit that this latter was, after all, the prime occasion of my attendance on Dr. Gus,—he having been my instructor for a number of years. He had carefully watched my reading of the other branches, but in *materia medica* he insisted on extra attention, "for that, Tom, is the true Art of Healing," he would say—"and they teach everything else at the Schools but *materia medica*." This was a sweeping assertion, to be frank, but I fear not altogether founded in error. His method of inculcating the beauties of homœopathic therapeutics was peculiar to himself, and not the usual cut-and-dried article read to the students from the desk. He had no word against the pathological *materia medica* so much affected by prominent homœopaths of to-day ; it was a truism with him, if he could speak no good to say nothing ; but he spoke the more earnestly and interestingly of the symptomatological *materia medica*, and enhanced his teaching with frequent references to his case books, from which the living,

practical cases were cited to me in confirmation of this or that symptom, or cluster of symptoms. He was not exactly a one-idea man—for he had many irons in the fire—sketching, inventing, reading, writing a book, short-hand, and, on one occasion, was inveigled, against his own better judgment and the counsel of his family, into running for a political office and getting—left; but he was more than staunch in his devotion to the cause of Hahnemann, whose “Chronic Diseases,” one or the other volumes, wore holes in the lining of his overcoat pockets.

“They are very skillfully performed nowadays, these operations, and your professor, whom I personally know and love, is an expert with the knife,” said Dr. Gus. in continuation of the button-hole topic,—“but I’ll wager a quart of good new soft soap that you never heard of the ‘button-hook’ operation.” I readily confessed my ignorance, when he resumed with a sly twinkle, “That wa’n’t hardly a fair shake, Tom, for I was playing on a word. I’ll let you in on the ground floor at once by telling you of the operation as it occurred.” Instead, however, of complying with this promise he went to the door between the outer and inner offices, opened it, examined the lock and knob carefully, then returned to his arm-chair. “This morning after making my rounds I was called—but that reminds me of something I want to impress on you, Tom, before it gets away from me, and so as not to forget the button-hook, I’ll resort to the picture language of the Egyptians, and trace on this slate a figure that shall stand for anything but that which it resembles.” Thereupon, having finished sharpening the pencil and blown the dust off his fingers, he sketched a figure like that held in the hand of Isis, and resumed the conversation. “Never put much reliance in that writer or teacher who interlards his discourse with constant iterations of ‘I was called,’ and ‘I cured,’ or ‘I have cured’; the probabilities are that he is a blowhard, an exaggerator, a hyperbolist, or plainly—a liar. The true physician combines modesty with skill, and lets his cases tell the story. When I read one of these ‘extemporaneous’ lectures—and we all know how extemp. they are (being written and polished up under the eye of the lecturer)—when I read one of these with the ‘I’-box in constant requisition, I say to myself, ‘That fellow’s got a vivid imagination,’ and I have no use for any of the things he pretends to relate. I know of several doctors—(Heaven save the mark!) who were built up by the reputation they gained elsewhere than at home from marvellous cures, when they knew less about the cases they pretended to cure, than I know of the height and physical peculiarities of the pre-historic Patagonians. It’s a trick, and an exceedingly small one, for advertising one’s own ability without getting entangled in the Code of Ethics, or having to pay the printer. It’s all well enough to say if you don’t blow your own horn no one else will; but constant blowing will attract more attention than you want, and the end will be as it always is—failure.”

“There was an old fossil, with long gray hair, an immense beard, peculiarities of speech and dress, who got the ear of a newspaper reporter, and poured into it some of his miraculous cures. The usual result followed: the contingent of credulous women, who jump at every new

quack nostrum, if liberally advertised, flocked to him—he lived in a little country town in Ohio—and as they went

‘ Wi’ faith an’ hope, an’ love an’ drink
They’re a’ in famous tunc’

for being relieved after taking his savory mess. These few cackled with all the enthusiasm we now find displayed by those other hens of to-day, male and female, who call themselves the Faith Healers. This was a little over two years ago. To-day this relic of the Paleozoic Age is blowing a bellows for a living in a large Wagon Works establishment. Up like a rocket, down like a stick. Dr. T. F. Allen, I think, puts a similar thought in appropriate terms when he says he has noticed a species of attraction obtain with practitioners and patients. The high potencies find admirers and defenders: the low, likewise; and because each wing is flattered by reason of the numbers of adherents, there has arisen this unnecessary and intolerant strife. Of course, you understand, Tom,” hastily added Dr. Gus, “that I haven’t given you Dr. Allen’s language; simply the thought. He is far too finished a scholar to use the crudities of language employed by me.” There was a momentary interruption by the entrance of the police officer of the beat, who sat down by the base-burner and toasted his feet—evidently accustomed to doing so, as no word save the “Good evening” passed between Dr. Gus. and the officer. Dr. Gus.’ office enjoyed a singular immunity from depredation. During the day it was never locked. It was open to any one who cared to enter. At first, as Dr. Gus. informed me, he was afraid to trust it that way, so he hired a small boy to watch it; but after a time he lost so many little things,—inkstand, match safe, sponge-dish, pen-holders and pipes: his slate was frequently broken, the locks in his desk tampered with,—that he dispensed with the boy, and determined to trust to the inherent honesty of mankind. Since then his office has never been molested. “Dr. Timothy F. Allen” resumed my preceptor, after giving the “Howd’ye” to the officer, “has been severely criticised for his course in regard to potencies. The language of vituperation and of the slums has not been spared to describe his conduct. He has been charged with all manner of disagreeable motives—selling his opinions in order to sell his (then) forthcoming Encyclopædia, and other uncalled-for and uncharitable things of that nature. Now, I’ve watched the onslaught for years—I knew the Doctor when he was a pupil of Dr. P. P. Wells; I took his mental and moral stature then, and have followed him through his career as a successful physician, journalist and professor since, and I am flatfooted enough to say that I believe Dr. Allen’s renunciation of the higher numbers in potency was, as he alleges, the growth of conviction based on years of experience; and while I do not see the problem in the same light that he does—for I still employ the higher potencies—I cheerfully accord him the same right of individual convictions that I give to myself. His contributions to the homœopathic literature, as teacher and writer, have placed us under a lasting obligation to him.” I looked around at the bookshelves, really without any definite design. Dr. Gus. saw the movement, “There they are on the second shelf—the whole Encyclopædia—and they are as valuable to me in my professional work as is the Britannica, incomplete as that work still is, to my literary labors.—Got time to smoke, S’argent?” queried Dr. Gus. of the officer who was dozing over the warmth of the stove.

"Intolerance, no matter in what rank or station or cycle of life, is always a bad sign.—Talking about signs reminds me of another little practical point, that I heard Dr. James A. Campbell give one of my former pupils." Just where the button-hook operation would be switched in, seemed exceedingly doubtful. Dr. Gus. reminded me at times of one of Mark Twain's mining characters, I think in *Roughing It*, who never finished a story, but always switched on another one until he fell asleep. Dr. Gus. finished his "asides" and rarely ever forgot to close up his initial storyette. "Dr. Campbell advised the boys to go light on titles for their signs. M. D. was considerable of an affectation, but to have that and also "Physician and Surgeon" was crowding the mourners. In Europe, where Dr. Campbell spent several years, the custom of signs and signatures is of the simplest kind. 'Dr. Smith' or 'Dr. med. Smith' seemed to fill the ambition of the most exuberant."

"Have you seen that circus poster down on the corner of Pestalozzi and Auburn?" put in the now awakened S'argent; "it's a daisy, and no mistake." "You mean young Hoopadoodle's—whatever his name may be—the new doctor?" to which the officer assented. "Yes, I saw it the other day. Glad you put that in, S'argent, it recalls another point. I want to caution you, Tom, about that 'circus-poster' idea. I found in my first years of country practice that the smaller and poorer the house the higher was the pole and the larger the dinner-bell on its top. The cheaper the wearing material the more finery was added to it; and even to-day I frequently get into families where I am first marched through the cheap tinsel parlor with its wealth of tea-store chromos, wall-paper fan, dust-covered family Bible, very large cheap plush album, china dog and plaster cat, before I reach the scantily furnished bed-chamber, with its dirty rag carpet, soiled bed-clothing, and general uncleanness.—Don't care if I do, S'argent," as he accepted a cigar from the retiring officer, lighted it at the burner, carefully deposited the burned-out match in the magazine, and returned to his arm-chair.

"There's no need of a big sign, or of big letters; no occasion for a transparency; it looks quackish and is unprofessional: a little tin sign fastened to your door-post or on your door is all that is really necessary. The custom you catch by a large flaming sign is, as a rule, not a desirable one. It is driftwood. Now one other matter," postscripted the Doctor as he caught sight of the character on his slate, "before we leave the signs and I take up the button-hook, is whether you shall add to it 'Homœopath,' 'Homœopathist,' 'Homœopathician,' or any other word derived from the same root. I had my first homœopathic sign painted 'Homœopathist,' but after watching the school children for several months pass my door four times a day, stop and laboriously spell and pronounce it 'homo-baptist,' and spending an hour on an average per day explaining to the loungers and friends what it meant and on which syllable to place the accent, I procured a pair of tinner's shears and clipped off that line. Since then my sign has been what it is now—simply my name. I know," added Dr. Gus. after blowing a few rings of smoke in the air and watching them rise and break—"I know there is a feeling extant that we tacitly admit being ashamed of our school if we do not add it on our cards and signs; but I don't look at it that way. It is infrequent, indeed, that a patient comes to me under the belief that I practice Old School legerdemain. Patients in search of a doctor are not like shoppers who may accidentally step

into a hardware store when they are in quest of dry goods. When a doctor is needed, if the patient is a stranger, inquiry is made of neighbors or friends for the best doctor, and that one is sent for. The command to 'get the nearest doctor' usually issues from the driftwood or accident class, and is not financially desirable."

"I believe, with Dr. P. P. Wells, in not carrying unnecessary burdens, and the addition of that line seems to me as unnecessary as it would be for a minister of the gospel to put on his door-plate, 'Rev. Hezekiah Smith, D.D., Presbyterian,' or Methodist, or whatever denomination he affects.'" The last few evenings I had brought with me a "scratch" book, and had taken rather profuse notes of the lecture and the talk. It was not lost on me that my preceptor eyed my manœuver with evident dislike, but I could see no harm in preserving the good things dropping from his table—and that was the course pursued at the college. I hoped at my leisure, during the first year or two, while waiting for patients, to transcribe my notes and arrange them in convenient indices for quick reference. I had prepared a page for this evening's talk, had dated it, added the words: "Button-hook operation," and was lying in wait for an extended account in order to transfer and transfix it as soon as Dr. Gus. again resumed that topic. "I say, Tom," said he, looking out of the corner of his eye at my note-book, "I don't like that. I have almost as great a horror of being 'took' down in writing as a prevaricating witness in Court.'" I doubtlessly looked the astonishment I felt, as I settled back in the chair and dropped my "fountain" on the open page. "I'll tell you why, Tom. What I said just now about 'horror' don't count; it's for your good that I want to show you where you are wrong. In all my talk heretofore I have tried to be intensely practical—to give you ideas that you could never find in your college course, and for which you might have to spend years of your life before running across them. Now, to my thinking, taking copious notes, or for that matter any notes whatsoever, is one of the most pernicious habits into which a student can stray. It makes him a bounden slave to his pencil. True knowledge is not what we have either heard or read, or have carefully filed away in our note-books, but only that which we *remember*. By training your memory, by making a steadfast effort to listen intently and promptly assimilating it, as the professional actor does, in time your memory will become an immense treasure warehouse. You remember how John Scabbott, in his history, contrasted the memory of Napoleon I., to a chest of drawers. When he developed a new idea, it was carefully labeled and filed away in the proper drawer in his memory; then when the occasion arose—and we all know that Napoleon was a ready man—when the time came for using that idea, he simply went through the mental process of drawing forth that identical drawer, and this idea, with all similar ones, were at his command. Napoleon III., while at Ham, followed out a similar thought, though he added the detail of first writing on a little slip of paper what he desired to remember, then carefully re-reading the thought, immediately afterward destroying it. You see it made both of these emperors 'ready' men,—and the 'ready' man in history is always the successful one. Grant, you know, was always ready. McClellan dilly-dallied, wrote letters, devised plans for

new fortifications, wanted more troops, did everything according to the light given him as a student, and—lost. Grant was an emergency man, a 'ready' man, freed from his text-books, freed from the swaddling clothes of West Point, and in spite of the adverse criticism of the 'silk stockings,' of the gold-lace and stay-at-home patriots, he got there just the same."

"There's another view to take of this, Tom, not included in what I have just said—thank you"—as I handed him a lighted match for his gone-out cigar, which he was vainly endeavoring to suck into animation—"and that is the imperfect manner in which the note-taker hears what is said from the desk. The operation of taking notes necessarily diverts your mind from the lecturer to the extent of transferring what he says to your fingers and pencil. I will grant you that in the course of time this taking of notes becomes measurably automatic; but even then it requires more nerve force to listen and write than it does to listen solely. That's plain enough so far, isn't it?" It was self-evident, I said. "Very good. My first objection was and is that it makes you a slave to your pencil and book; the second, that you cannot give the proper and understanding attention to the lecturer; and my third is perhaps greater than the other two, to wit: it is needless. Why? Because you take more notes than you can possibly memorize from lecture to lecture; nay, more even than you have time to read a second time. What is the inevitable result? You are piling up book after book filled with precious truck for reading, as you fondly hope, during the last week preceding graduation—when you will really have less time than ever; or for careful perusal and pondering upon when your shingle creaks and skreaks in the midnight blast—when you will never open them at all. Like the woman's letter, I might add an N. B. to contain the real gist of the letter, and say: that it will render you unfit for the sick-room, because you will there be lost without your notes. You will say to yourself, 'Well, that's a familiar symptom; I remember the day when Prof. Know-it-all gave it to us, and I also have a distinct recollection of writing it down. But in what book is it? If I could only get back to my room for a couple of hours I think I could find it.'" I asked Dr. Gus. if he took any notes during his college term, as I thought that was the regulation thing to do in all schools, and that I feared the professors would deem me inattentive or idle unless I kept my back bowed and my stylograph "pounding" away at my notes. "Yes, indeedy, I did. I shouldn't wonder if I could find you some of my notes laid away with the dust of a generation holding them down; but I destroyed most of them within five years after being graduated; and why? Simply because I found many of them incomplete, "cooked-up" copies of published text-books now as accessible to myself as to the Faculty; and it was infinitely easier and cheaper to read the lectures in the original than trace them through many devious windings in a half-dozen lectures. No, I didn't destroy all, for there you see are three volumes of 'Materia Medica Notes,'" pointing to an upper shelf, "which contain all the school lectures in that branch that I heard. I went to the expense of having them handsomely bound, only to find as I grew older and had more means at my command, that they were so much better presented in the published 'Chronic

Diseases' of Hahnemann that I have never done much to them beyond occasionally reading a page or two of the personalities with which the lectures abound—as I will some day show you. I may say, in the words of another, that what I found in them new was not good, and what was good was not new. But I find I am wandering again. In the same class with myself was a young man who had something wrong with one eye—cataract I believe—which rendered it practically impossible for him to take notes. Instead, he closed both eyes, joined the tips of his fingers, opened his ears, tilted back his chair, and listened with an intensity that was painful. That young man was always ready with his answers in quizz, and as the end came, when every other student was reading or trying to read his notes—"cramming" for the Gelsemium ordeal,—this young fellow took a full night's sleep each night, ate his three meals a day, walked about the city, got himself freshened up, came to the examination, and went through without the quiver of a lid. As for the professors—you make one good point there. Human nature is human nature the world over," sententiously added Dr. Gus. "Some men consider it a big compliment to have their remarks taken down and seeing the student going through the motions of intense absorption and enthusiasm. There are a few such fogies still in the chairs, who might cast their full vote against a student because of his want of tact or policy in dealing with the Faculty. This, of course, is downright dishonesty. Let us hope that we have no dishonest professors; that the worthy ones of the class always get through; that the prizes are honestly won, and not coached for in advance in private lectures, or with the professor's notes, and that a small class is sometimes graduated, even if it looks bad for the college." I saw that my precep. was going rather deeply into his early experiences, and for fear of drifting away into something entirely foreign, I made a suggestion touching the button-hook operation.

"You're right, Tom; I *was* drifting a good deal. My school days, or rather college days, were not of the pleasantest, as I shall some day tell you; and when the door is opened I am apt to go too far with my reminiscences," said Dr. Gus. gently and in an absent-minded fashion. Then rousing as with an effort, he said: "The button-hook episode was trivial compared with the button-hole operation. When I returned from my morning rounds to-day I found a closed carriage in waiting to take me to a residence on Albemarle Street to look at a badly-mangled eye. Turning my rig over to the livery, I accompanied the occupant of the carriage. Arrived there I found that two little boys had been playing with a large button-hook. It oc-cured, as my uncle used to say, to Willie, aged ten, to go into the other room and put the hook through the keyhole. Charlie, aged eight, remained on this side of the door and caught the hook and tried to detain it. Presently Willie stopped putting it through, and Charlie, anxious to know what was being done, put his left eye to the keyhole, and at that very instant Willie put the hook through and caught Charlie's lower lid. The more Charlie screamed the more Willie pulled, until with one desperate wrench the hook pulled through the lid, making a downward rent a half-inch in length near the inner canthus. My first impulse was to take a stitch, but eventually, after bathing it in hot water and calendula,

I placed the parts exactly in apposition and held them there with strips of rubber plaster. Internally I gave calendula. I called there again this evening and found the boy resting easy. That was the first. At two o'clock Mrs. Getzendanner sent for me in hot haste. Arrived there I found the house topside below because little Mamie, aged three, had put a button-hook into her mouth, played with it a few moments, then gave a terrific scream. When picked up her mouth was bleeding profusely, and directly afterward vomiting set in. I found the little one had been slightly tongue-tied, had caught the hook in the bridle and torn it loose. The bleeding was stopped in a few minutes. That was case No. 2. Less than an hour before you came this evening, the blacksmith on the avenue, Dick Buerkel, brought in his little five-year-old boy who had put a round brass button up his nose, and pushed it up with mamma's button-hook. The button-hook caught in the nostril, and there it was dangling when Frankie was brought to me. On cautious examination and manipulation, I discovered that the hook had caught in the shank of the button, and the extraction was very simple, as the button had not been lodged long enough to cause much tumefaction. That's all there was to the button-hook operation, and you see I was merely punning on the button part. "Now, I'll wipe out this copy of the Arrowhead language," as he erased the figure on the slate, "and take up Sepia, where we left off, and try to finish it to-night."

DIPHTHERITIC CROUP: A CLINICAL CASE.

W. J. Martin, M.D.

THE fact that a very large majority of the patients stricken with diphtheritic croup die, is sufficient apology for writing up a case in which recovery was the result. It is well to let the world know that under our remedies such cases can be saved, and it is well to let our fellow-practitioners know a treatment that was followed by a successful issue.

Nora S., æt. about four years, was seen first October 30, 1887. Both tonsils were equally swollen, red, and covered with membrane; there was a semi-purulent discharge from both nostrils; and the nasal cavities, judging from the obstruction to breathing, the nasal intonation, and what could be seen by ocular examination, were well filled with the diphtheritic membrane.

R̄. mercury cyan. 3x., one tablet every two hours, with one teaspoonful of whisky between doses. They were to report to me the next day if the child was no better. No report was sent next day, but on November 1, the second day after this prescription was made, they reported the child better. R̄. mercury cyan. 3x. as before.

In two days from this date I was summoned to the case by the report that the child now had croup. This was true, but the disease in the nose was entirely well and the throat nearly so ; but the larynx was now being invaded, and I advised the parents of the very doubtful prognosis in cases such as this.

R. kali bich. ix., a powder every two hours, and the whisky as before, and, in addition, had the child inhale from the spout of a teapot the fumes from hot vinegar. The following day (November 4) I found the child about the same, but with complete loss of voice, and was informed that from dark the previous evening until after midnight she had taken a number of very severe suffocating spells, as though the windpipe became spasmodically closed, and inspiration became almost impossible, the cough becoming more dry and tight, and that the vinegar steam persistently applied was all that seemed to loosen it, and then she expectorated a quantity of yellow, ropy material. Here, I took it, was a spongia symptom, "spasmodic croupy condition, difficult respiration, difficult inspiration, dry tight croup-cough ; *worse before midnight.*" But I did not feel that I could dare leave off the kali bich., as we had in addition to the spongia condition the kali bich. condition, "false membrane in the larynx and ropy expectoration." So, contrary to my rule, which, however, is not an inflexible one, I alternated the spongia³ in water and the kali bich.¹ dry, a dose every hour. The next night was a better one, and at my visit November 5, I found the child improving and expectorating freely with the cough. No change was made in the treatment from this time, except that as the child improved the vinegar was used less often, but it was always resorted to when the cough seemed to tighten up, and was followed by abundant expectoration and consequent improvement in breathing. On the eleventh day of November I dismissed the case well.

Here, to put it briefly, is a case of naso-pharyngeal et laryngeal diphtheria recovering in thirteen days; treatment, mercury cyan.³ for four days, followed by kali bich.¹ and spongia² in alternation for nine days, with whisky and vinegar steam as adjuvants. This plan of treatment has been successful in other cases of membranous croup, both diphtheritic and non-diphtheritic, but not in the majority of cases, for the majority of these cases die, but a very respectable minority have been saved in this way. If other remedies are indicated they are given.

I can recall two cases of membranous croup recovering on brom.¹² (ten drops in a tumbler half full of water, a teaspoonful every half hour), even when death seemed imminent. One was so far gone that the conditions contra-indicating tracheotomy were present, yet on brom.¹² a change came o'er the scene and the child got well.

I never now advise tracheotomy; in former years I had it done in a number of bad cases, and all died. I have seen cases, equally as bad as

any of these, pull through when the treatment as detailed above has been adhered to and persevered in.

Intubation of the larynx is now the fashion. I have never done it or seen it done; all I know about it (except what I have read) is, that during the past six months three cases of membranous croup, non-diphtheritic, have passed out of my hands into the hands of "our friends the enemy," and intubation was performed in all three, and strange to say all three died, in the face of the claim of the intubationist that he, by means of his tubes, saved nearly all cases.

With the light I have at present, the conclusion arrived at is that the homœopathic remedies, aided by inhalations that will assist in dissolving and detaching the membrane, will save a larger proportion of cases than any other mode of treatment.

PITTSBURG, PA.

[So much is being said in our literature concerning the non-curability of the disease hereinbefore mentioned, that we gladly publish Dr. Martin's case, though in many particulars not in strict accord, as we understand it, with approved homœopathic treatment. If the end justifies the means then surely Dr. Martin may use whatsoever will conduce to the speedy restoration of his patient to health.—ED.]

METHODIC EXERCISE IN CERTAIN OPHTHALMIC CONDITIONS.*

Charles Deady M.D.

Surgeon to the New York Ophthalmic Hospital.

IT is a popular idea, which is not by any means confined to laymen, that rest is a prime factor in the treatment of disabled eyes, and we frequently meet with cases where the patient, often under professional direction, has abstained from all visual labor for extended periods, covering months and even years, not only without benefit, but sometimes with considerable aggravation of the anomalous condition.

As a matter of course in all inflammatory conditions of the eye absolute rest of the organ is of the first importance, but not all affections of the eye are inflammatory, by any means. Statistics of charitable institutions for the treatment of ocular disease show that more than 15 per cent. of the whole number of eye cases are classified under the caption of "anomalies of refraction and accommodation."

In private practice this percentage is probably considerably larger, as in the rush of patients in large hospitals many cases are doubtless

* Read before the New York State Homœopathic Medical Society.

classified under chronic forms of inflammation where this is not idiopathic, but occurs as a result of congestion consequent upon the strain caused by some refractive error, and would probably disappear in time under the use of the proper glass. Thus in the aggregate a large number of cases occur in which there is either no inflammation present, or, if present, it is as a secondary condition.

When the necessity for glasses exists, by reason of some departure from the normal conditions of refraction and accommodation, the correct lens, as ascertained by careful examination, should be supplied at once ; the popular idea that it is best to defer the use of glasses as long as possible being not only an error, but a most dangerous one in many cases, as the abnormally constructed eye is under a constant strain, and although it may stagger along under the burden for a long time, it can scarcely escape from the ordeal without injury, and we constantly find in these cases a more or less considerable loss of muscular power, and a consequent increasing difficulty of convergence and accommodation.

It is not easy for those not directly interested to realize the profound effects upon the nervous system which are frequently produced by this class of visual disturbances ; severe headache and neuralgia are common accompaniments, but many times the symptoms are much more serious in character, and anæmia, partial and general chorea, epilepsy, dyspepsia, and other functional irregularities are not infrequently met with. The writer has at present under treatment two patients who have been completely incapacitated for work of any kind, and whose lives have become almost a burden, and this condition of things has been entirely due to weakness and want of co-ordination of the ocular muscles as the result of slight errors of refraction. After undergoing protracted courses of medical treatment with almost negative results, they are now rapidly improving under the use of the proper glass and regular gymnastic exercise of the weakened muscles, and with comparatively little medicine. We have recently discharged a lady who, up to the beginning of her treatment, had not been able to sew or read for five consecutive minutes at any time during the last seven years ; she now uses her eyes at will and without the slightest difficulty. It is not at all uncommon for these patients to show considerable gain in weight, strength and color as the muscular integrity is restored, the relief from pain, nervous strain, etc., resulting in a marked improvement of the general health.

The advice so often given in ocular affections, to "rest the eyes," is here a grave error ; that man would scarcely be considered a competent physician who would attempt to restore a patient suffering from the effects of general muscular debility by confining him in bed, yet resting the eyes in the conditions described would be a parallel case to this and in its local effect would be equally pernicious.

In the treatment of these cases the correct glass should be fitted as quickly as the condition of the patient will allow, after which systematic reading exercise must be prescribed; the length of time occupied in this manner at the first sitting must depend on the gravity of the case, but the patient must not read long enough to cause discomfort, even if the period be limited to one minute; this exercise to be repeated two or three times a day at stated hours, gradually increasing the time as the case improves. The weakened muscles must also be exercised by the use of prisms, the muscular labor being increased from time to time by the use of larger angles, until the normal strength is reached.

Electricity will generally be found useful as an adjunct to the other treatment, the galvanic current being better adapted to some cases, the faradic to others, according to the susceptibility of the patient and the other conditions present.

Suitable medicine may be prescribed for the presenting symptoms and this will probably hasten the recovery, but the use of the proper glass and the muscular training by means of prisms will always constitute the most important part of the treatment.

No. 11 East Twenty-Ninth Street, NEW YORK.

BOOK REVIEWS.

THE PRACTITIONER'S GUIDE TO URINARY ANALYSIS. By CLIFFORD MITCHELL, A.B., M.D., author of "Physician's Chemistry," "Clinical Significance of Urine," "Manual of Simple Chemical Tests," etc. Second Edition, Revised and Enlarged. Chicago: Gross & Delbridge. 1888.

The works of Prof. Mitchell are so well and favorably known among the homœopathic profession, that we can add but little to his laurels. The work before us is, as its title indicates, the Practitioner's Guide; it is really more than that. A casual glance through the second edition, with its display type for titles, its illustrations when needed, mark it a handsome volume; and its freedom from the didactic style of composition, and its very evident effort to make crooked things straight and technical talk plain, will endear it to every purchaser.

SIMILIA SIMILIBUS CURANTUR? C. S. MACK, M.D. Boston and Providence: Otis Clapp & Sons. 1888. 40 cts. Pp. 31.

A learned brochure on the *pro* and *con* of homœopathy. Dr. Mack's initial statement in a great measure foreshadows his argument. He says: "I see nothing to accept or offer as positive, practical proof that similars cure; on the other hand, I see nothing to accept or offer as positive, practical proof that they do not."

By making one more quotation, the closing paragraph of the article, perhaps the reader may be able to supply much that is between:

"While, then, I see nothing to accept or offer as positive, practical

proof that similars cure or that they do not, I am disposed to try to cure with similars excepting where non-curative treatment promises more of usefulness than does an attempt to cure." The entire article seems to be one long interrogation, with no satisfactory conclusion reached. Perhaps if Dr. Mack had gone a little nearer the fountain head for his homœopathy—to Hahnemann's original writings—the publication of this work would have been unnecessary.

ESSENTIALS OF DIET, by the late E. HARRIS RUDDOCK, M.D., L. R. C. P., M. Second Edition with Corrections and Additions, by E. B. SHULDHAM, M.D., Trin. Coll. Dublin, M.R.C.S., M.A. Oxon. London: The Homœopathic Publishing Co., 2 Finsbury Circus, E. C. 1879.

By no means a new book, but new, we doubt not, to many of our busy doctors of to-day. A copy of the Contents page will give a fair index to its worth: Chapter I. Regulation of Diet; Chapter II. Relation of Food to Nutriment; Chapter III. Animal Food; Chapter IV. Vegetable Food; Chapter V. Liquids; Chapter VI. Dyspepsia; Chapter VII. Methods of Preparing Food; Chapter VIII. The Diet for Singers and Speakers. A random perusal here and there by the reviewer has satisfied him that there is scarce a page which does not contain some little item of news and interest to the practitioner.

The general practitioner is frequently called upon for services not included in his diploma, and this little volume will supply many such valuable hints. We feel that we have been made richer by having had this little work placed on our table.

A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. SOUTHWICK, M.D., Assistant Professor of Obstetrics in the Boston University School of Medicine. Boston: Otis Clapp & Sons. 1888.

For a volume containing but 400 pages, Dr. Southwick has displayed consummate skill in his condensation of this important branch of medicine. As a matter of course the work will be more useful to the specialist of our school; but aside from this its indications for remedies, its marks of remedy values, are so well prepared that the general practitioner can very safely invest in the work and consult it as occasion demands, or study it as a whole. The markings referred to consist in the upright bar or double bar. Wherever it was meet and possible clinical cases are interpolated, thus fastening the text in a practical way upon the mind. Lacerations of the cervix uteri with its treatment are ably discussed; so are all the other known difficulties to which the gynæcologist devotes his attention. It is singularly free from the blemish so often attaching to specialty works; to wit "scientific" treatment. It is true that it advocates local applications and treatment, but, as we read it, never at the expense of the constitutional measures. As to Dr. Southwick and his book we have nought but words of praise, and feel safe in recommending the work to our readers. We do, however, disapprove of the use of "cuts" bearing the instrument maker's name. We think it mars a handsomely prepared volume, one gotten up "regardless" as to type, paper and binding, to use illustrations borrowed from instrument makers, who thereby obtain an advertising space in parts of the publication which no publisher would dare sell outright.

SIMULATED EPILEPSY, CAUSED BY EAR DISEASE. By JAMES A. CAMPBELL, M.D., Professor of O. and O. Hom. Med. Col., of Mo., St. Louis.

This little brochure, a reprint from the *Southern Journal of Homæopathy*, is in Professor Campbell's usual terse and epigrammatic style. The case relates to an eighteen-year-old boy, congenitally deaf, with more or less discharge from left ear. "Dizzy spells" set in about six weeks preceding Prof. Campbell's first examination, usually ending in vomiting, then partial loss of consciousness. Examination proved the left ear at fault, which being remedied, the whole difficulty vanished.

MANUAL OF CLINICAL DIAGNOSIS. By DR. OTTO SEIFERT (Würzburg) and DR. FRIEDRICH MÜLLER (Berlin). Third edition. Translated by William Buckingham Canfield, A.M., M.D. (Berlin), Fellow of the American Academy of Medicine; Member of the Medical and Chirurgical Faculty of Maryland; Visiting Physician to the Union Protestant Infirmary of Baltimore, etc., etc. New York and London: 1887. G. P. Putnam's Sons.

The title of the work is perhaps as clear an index to its contents as any extended notice from the reviewer could supply. It is compact in size, containing upwards of 150 pages, in clear type, and illustrated by engravings wherever suitable. The original notation, being in the metric and centigrade systems, is explained in brackets by the translator. Chapter IX., The Urine-Producing System, we deem one of the best in the manual; the formulæ given for testing urine being especially good and clearly stated. The chapter on Temperature is also an interesting one. It would be obviously difficult to go into detail concerning other parts of the book, seeing that it is so thoroughly condensed—the intention evidently being to present a convenient handbook for the busy practitioner.

HUMAN PHYSIOLOGY FOR THE USE OF STUDENTS AND PRACTITIONERS OF MEDICINE. By HENRY C. CHAPMAN, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia; Member of the College of Physicians of Philadelphia, of the Academy of Natural Sciences of Philadelphia, of the American Philosophical Soc., and of the Zoölogical Society of Philadelphia. Phila.: Lea Bros. & Co. 1887.

The author in his preface states that his experience in the past eight years, as Professor of the Institutes of Medicine, has convinced him that there is need for a systematic work on Physiology, representing the existing state of the science and its methods of investigation, based on the vast improvements made and being daily made in comparative and pathological anatomy, clinical medicine, physics and chemistry, as well as upon experimental research. The editions of Dalton and Foster, while by no means rendered useless, are nevertheless more generally given over, in many particulars, to the setting forth of theories held by the older writers, without materially adding to the subject in hand. This author, while referring to his authorities with due credit, does not permit their speculations to occupy any large part of his book; in fact, this is to us a happy feature of the work. The text is unbroken either as to kinds of type or persons speaking, so that the reader has a continuous chain of reasoning. The book is admirably arranged—the

chapters being separate subjects, yet the one following the other if continuous reading be desired. The chapters treating of Digestion are particularly rich in instructive matter. The circulation, that ever charming subject for the student, is so well set forth that it will repay several readings. The author has a pleasing recitative style, in no sense partaking of the school-room or forum. He makes his points clear in the fewest possible words. The work is profusely illustrated. Taken all together it is one of the best works on physiology now published.

ATLAS OF VENEREAL AND SKIN DISEASES. Comprising original contributions and selections from the works of Prof. M. Kaposi, of Vienna; Dr. J. Hutchinson, of London; Prof. I. Neumann, of Vienna; Profs. A. Fournier and A. Hardy, and Drs. Ricord, Cullerier, Besnier, and Vidal, of Paris; Dr. P. A. Morrow, of New York; Dr. E. L. Keyes, of New York; Dr. Fessenden N. Otis, of New York; Dr. J. Nevins Hyde, of Chicago; Dr. Henry G. Piffard, of New York, and others. Edited by PRINCE A. MORROW, A.M., M.D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology, in the University of the City of New York; Surgeon to Charity Hospital, etc. New York: William Wood & Co. 1888.

The first two fasciculi of this beautiful work lie on our table, a masterpiece of art, as well the typography and general arrangement as the lithographic plates—the latter being especially true and life-like. The first number opens with an introduction on the Doctrines of Unity and Duality of the Virus of Venereal Sores; then follows Chancroid: Its Nature and Source, which is described in all its varied details, pathological and therapeutical. Five large lithographic plates, in colors, depicting the genitalia afflicted with chancroids accompany the first fasciculus. The second number devotes itself to Syphilis, whereof the letterpress is of the usual excellence, and the illustrations, in engravings and colored lithos, graphic and instructive. The treatment accompanies the work, and for those practicing after the methods of the dominant school is doubtlessly a paramount consideration. To us, however, the illustrations, the terse yet withal thorough diagnosis, is its chief value, and we have no hesitation in recommending the Atlas to all students and practitioners, in that it brings to the eye, side by side, the different forms of venereal disease, thus enabling the non-hospital or non-specialist doctor to form a reasonably correct judgment of what may be brought to his office in a busy general practice. The Atlas will be issued in numbers.

OUR EXCHANGES.

Dr. Paine knew personally our late colleague, Carroll Dunham; and when Dr. Paine denies the skill of a faithful and perfect diagnosis to such a thorough physician as Dunham was known to be by every member of our school; when Dr. Paine considers cures made and published, especially in the six volumes of the *Homœopathic Review*, as visionary and attributable to some other influences,—what rights have members to expect from a prejudiced judge, and what rights will his "ipse dixit" carry with the profession, who have had to bear patiently with his

pseudo-homœopathy? . . . I, for one, refuse to have my cases adjudicated by an enemy to the cause which is so dear to our hearts. . . . I can not see how any member of our committee can object to cases, and their treatment, recorded by such unexceptionable witnesses as Bayes, P. Jousset and Richard Hughes, and the fiat of our chairman to exclude the treatment by high dilutions from the Transactions must fail as long as homœopathy will have faithful adherents.—Lilienthal in *North Am. Jour. of Hom.*

MEDICAL TEACHING.—To the critical reader examination papers serve another purpose than approximately determining the amount of information possessed by the student. They testify silently but powerfully concerning the value of the instruction given, the methods employed, the enthusiasm displayed, and the conception of function which governs and moulds the work. There is an art of teaching, and its basic principles are of universal application. The true teachers of to-day are those who, familiar with the science and masters of the art of teaching, building on the corner-stones of philosophy and psychology, equipped with rational methods, are clear in their acceptance of education, and not mere instruction, as their function. During their progression as educators it eventually became clear that methods, while excellent in the proper place, are yet subordinate. For all empirical methodology, while failing to elevate the teacher, binds him down and makes him a pedant; philosophical methodology, on the other hand, gives the liberty and freedom of the spirit. Any other view than this of the teacher's preparation rests on the opinion that teaching is an instinct or knack, and that there is consequently neither a science nor a teachable method of education. This opinion we may in these days pass by. Since the principles of education are general and medical teaching differs in no regard from other teaching, how does the instruction given in Medical Colleges compare with the teaching given in non-professional schools? Is there in general as much skill exhibited in training, as much special preparation, as much system, as much progress? Does the medical teacher know any thing of the philosophy of teaching, has he a certain definite plan, is there special work for each lecture, does he try to interest and assure the class? Is he aware of the importance of frequent "quizzes" or reviews, does he appreciate the value of illustrations, of clinical object lessons? Has he a definite, certain plan for the year's work, and not a hazy and vague scheme floating in the recesses of a sluggish intellect? There ought to be better teaching in all our medical schools. The answers to the questions asked above may be found in the examination papers. Teachers are weighed in the balance then as well as students. Are some of them found wanting?—*N. A. Jour. of Hom.*

After this vein we endeavored to speak in our April issue. The *Medical Record*, also, it seems, has a few words addressed to "professors." There must be some fire where there is so much smoke.

Difficult problems in arithmetic would naturally appeal to the partial mother as a more dignified cause of break-down, than midnight suppers, "figure"-making corsets, or those fruitful breeders of hysteria, sentimental and introspective novels; but while the latter factors are operative, we can afford, temporarily at least, to ignore the former.

Indeed, we are tempted at times to venture the shockingly heterodox opinion, that given cold baths, loose gowns, a daily two-miles' walk, nine o'clock bed-time, a recreation-diet of Kingsley, Stevenson, Miss Alcott, and Mrs. Ewing, and three tablespoonfuls of cod-liver oil daily, and the average "growing girl" will be equal to even a somewhat tough course in geometry without impairing her present health, or imperilling her future hopes of successfully performing all the duties of her sexual sphere.—*N. E. Med. Gazette.*

PLEURISY—BRYONIA.—When I was a lad I had a pleurisy of the left side, and, with the help of a village apothecary, and half-a-hogshead of mixture, nearly died, though not quite; from that time on I had a dull, uneasy sensation in my side, about which I consulted many eminent physicians in various parts of Europe, but no one could help me. All agreed that it was an old adhesive something between the visceral and costal layers of the pleura, *but no one of my eminent advisers could cure it.* And yet my faith in them was big enough to remove mountains; so faith as a remedy did no good. When orthodox medicines proved unhelpful, I went to the hydropaths (they were called "quacks" then!), and had it hot, and cold, and long; but they also did me no good. Packs cold, and the reverse; cold compresses worn for months together; sleeping in wet sheets; no end of sweatings—Turkish and Russian—all left my old pleuritic trouble *in statu quo ante*. The grape cure; the bread-and-wine cure, did no better. Nor did diet and change help me. However, when I was studying what the peculiar people called homœopaths have to say about their bryonia alba, and its affinity for serous membranes, I, What?—Abused them and called them quacks? No! I bought some bryonia alba and took it as they recommend, and in a fortnight my side was well, and has never troubled me since! There, friend, that is my second reason for being a homœopath, and when I cease to be grateful to dear old Hahnemann for his bryonia, may my old pleural trouble return to remind me of the truth of his teaching. What you and the world in general may think of it I care not one straw; I speak well of the bridge that carried *me* over. For my part, I make but one demand of medicine, and one only, viz: *that it shall cure!* The pathy that will cure is the pathy for me. For of your fairest pathy I can but say

What care I how fair she be,
If she be not fair to *me*.

—From *Fifty Reasons for being a Homœopath.*

I believe Zincum is neglected in cases quite often, especially when there is a brain fog, the blood becoming anæmic both in *quality* and *quantity*. In cases where we would naturally think of phosphorus, phosphoric acid, nux and china, zincum has the reputation of curing pterygium. I can add another case to the number. A gentleman now residing in Chicago, whom I gave zincum 30 x for a pterygium, with the characteristic symptom of "itching and burning in inner angle of eye," constant desire to rub the eye. In ninety days there only remained a small yellow spot near the inner angle of the eye. Sight perfect. I have given it to several cases which did not have the burning and itching in inner canthus, but it had very little effect, in two cases only

removing the redness, the pterygium still remaining.—J. C. Fahnestock in *Med. Counselor*.

PHYSICIANS' UNIFORMS.—The idea which has been discussed in *The Medical World* relating to the wearing of something by physicians by which they may be distinguished has created a wide-spread interest, and the number who have written me, in response to your kind invitation, has been very large, from all parts of the country and from Canada. There is much anxiety that something should be decided upon at an early day; and that all who wish may have a voice in the matter, a *résumé* of the suggestions thus far made will be given, with the invitation to all of the readers of *The World* to write me their ideas upon the subject, that the best conclusion may be reached with as little delay as possible. The proposals made are for peculiar buttons, a slide buckle or badge for the hat, an olive-colored hat, olive-colored hat-band, a shield to be worn on the breast, a medallion with appropriate device, a cap of peculiar shape or color, a neat uniform, shoulder straps, a brown suit, a navy blue suit, a black velvet badge with metal letters M. D. on corner of coat-collar, orange-colored hat-band, a watch charm, a stethoscope, a canary-colored vest cut high in the neck to show above coat in winter, etc.

Thus far, there is a preponderance on the side of the olive-colored hat-band, with a slide with M. D. to be worn in front. Some oppose badges as too common. But let us hear further from *The World* readers.—I. H. STEARNS, M.D. For a profession who are "kicking" because some less reputable brother is advertising himself in a legitimate way, *i.e.*, paying for it as a business transaction, this proposition to parade the streets with an olive-colored hat-band, or some other loud insignia, is a little inconsistent. *Qui bono?* One of our Post-masters-General conceived a similar idea in regard to postal clerks. But the ridicule was so unsparing that the tailoring end of the Department fell through. A "canary-colored vest cut high in the neck" might do "deown East"; but "out West," where the "b'iled shirt" is a menace and a "plug" hat a standing invitation for a fight, not even an olive color could save the hat from sudden demolition; and as for the "canary-colored vest cut high," that would speedily change its color.

CANNABIS INDICA IN LAME BACK.—*Cannabis indica* has been of inestimable value to me during the past three years in the treatment of a diseased condition wherein, previously, I had been powerless for good. I refer to what is commonly called "crick-in-the-back," or "lame back," a peculiar lameness in the lumbar region which interferes with stooping, lifting, and often with motion of any kind. The patient often complains of an ache, or a sensation as if part of the back were gone, a condition which is virtually the result of a strain, and is in no sense to be confounded with lumbago.

If a patient had come to me three and a half years ago, complaining of the symptoms described above, and asking for relief, I would have said, "I can do nothing for you." To-day I say, "I can cure you."—Dr. H. L. Miller, M.D., in *Medical Era*.

FIRE ESCAPES.—The annual loss of life in attempting to escape from burning factories is appalling, and the subject of fire-escapes demands

the most serious consideration. Fire-escapes are of many forms. The best ones for general use, and the only kind that can be relied upon where women are employed, is the zig-zag iron stair system of ladders with *flat* treads, the whole to be of iron, firmly secured to the outside of the building, and extending to the roof. Women are extremely sensitive about making any seeming exposure of their limbs;—this fact, coupled with the confusion incident to fires, has, in the opinion of experienced persons, rendered the ordinary perpendicular ladder next to useless. With the flat treads the ladders are converted, practically, into steps; the inclination is easy, and an uninjured woman or child may descend in perfect safety, and without fear. This style of fire-escapes enables a sound person to assist or bring down an injured or unconscious one.—*Ireland (Lomb Prize Essay.)*

TRANSMISSION OF DISEASE BY PHYSICIANS.—(*W. B. Morgan, M.D.*)—Some one has recommended the use of a little flat piece of wood for a tongue-depressor, to be thrown away after a single using. [*W. J. Guernsey.*] That recommendation ought to be printed in large bold letters in every medical journal in the country. The average tongue-depressor is more than the often-loaned school-girl's gum, in that it circulates through the mouths of the sick. In the matter of rectal and vaginal specula I have hit upon the plan of having them made of tin, with edges protected by solder finished up smoothly. A speculum of this sort costs five cents instead of five dollars, and most any doctor can afford a separate one for each patient and so avoid all risk of conveying syphilis or gonorrhœa by means of a speculum. On the same plan I, yesterday, in a case where miscarriage had occurred, removed the placenta, not with placental forceps that had many times before been in foul discharges, but with a loop made from a fraction of a cent's worth of bright iron wire that could be bent in any desired form and thrown away after using.

The leather gloves of physicians are another source of suspicion. Though it can not be stated positively that they have ever been a vehicle of disease, yet the appearance and smell of the interior of those that have been worn any length of time, coupled with the fact that a doctor, after handling a person with a contagious disease or dressing a foul ulcer or anything of that sort, generally wears his gloves home before his hands have been thoroughly purified, makes it seem probable that the hands may be recontaminated, when the gloves are again worn and removed only as the wearer is about to examine or treat another patient. I have seen gloves that seemed as if they might, without the introduction of any extraneous poison, defile the wearer's hands, so that they would infect any wound or mucous membrane with which they might come in contact. Yarn or thread gloves or mittens, being better ventilated, do not become so saturated with decomposed perspiration, and may be washed when dirty; therefore, their use is safer.—*Clinical Reporter.*

The next volume of *The Century*, beginning with May, will contain a series of chapters in the Lincoln Life of great interest and importance. The subject of the Border States will be dealt with in May; and in subsequent numbers will be published the inside history of Frémont's relations with the President,—an astonishing letter written by Greeley

to Lincoln after the battle of Bull Run ; also details as to the Trent affair, Fort Donelson, the Shiloh Campaign, Yorktown, Williamsburg to Fair Oaks, etc., etc., with especial reference to Lincoln's part in these events.

The April *St. Nicholas* is filled with the usual round of good things—things fit for children of a larger growth as well as for those smaller. From the many excellent articles contained we select what we believe to be at once a charming story and a most practical recital of the steps necessary for obtaining a patent. This is “‘Ham’ Estabrook’s Can Opener,” by Geo. P. Whittlesey. It contains such information as will doubly repay an adult for careful perusal. The Rain stories are likewise well presented, being interesting to the young and old, but, as with the Can Opener, so practical as to leave an indelible impression of having been profitably instructed on any one perusing them. We admire the absence of the Queen and King stories ; for a season these foreign topics pretty well engrossed the space of the magazine ; but now practical topics garnishing some pleasant story have sway and we doubt not are more acceptable than the class of literature already referred to.

The Clinical Reporter, after citing the transformation of the Kansas City Hospital College of Medicine into a homœopathic college, and giving the names of the new Faculty, comments as follows :

“Evidently a long-felt want will no longer exist (?)”

“Is there a man in the above list of names who has ever been known to rely upon the Organon or Samuel Hahnemann to help him make a prescription? If so, we would like to make his acquaintance. A homœopathic college with the Organon left out is—well, no matter, as there are many of them.

“Who ever heard of a college concluding that its ‘pathy’ ought to be changed? We have heard of a newspaper changing its ‘politics,’ but think once of a college changing from a ‘What was it?’ to a ‘What is it!’ Will the ‘thistle’ smell any sweeter by changing its name to ‘rose’? Is it not still the stinging ‘thistle’? If there is a genuine reformation, and this college hereafter proposes to teach homœopathy as Hahnemann taught it, and the materia medica as Hahnemann taught it, we offer its faculty a hand that opposes all frauds and favors all loyal followers and teachers.

“What does this college propose to do?”

See here, messieurs professors of the St. Louis school ; no jealousy ! Let up on Hyde and come out strong on Dr. Jekyll. Sound the timbrel ! Be exceeding glad that our cause has gained another victory. The St. Louis school hasn’t been teaching the Organon such an “awfully” long while ; perhaps in good season the Kansas City school may feel the need of the Organon. Until then, what has the St. Louis school to fear?

WHAT SHALL WE DO WITH THE ANTERIOR LIPS OF THE UTERUS ? —“What,” inquires Dr. Dan Milliken, “shall we do with the anterior lips of the parturient uterus,” when the uterine mouth is situated so far back that we can scarcely reach it? What, when the os does not readily dilate? What, when the anterior lips form a thick cord just in ad-

vance of that portion of the head which is ready to slip under the pubic arch? His answers to these questions is that we are to make traction on the lip.

Nothing is more certain than that such traction increases the suffering of the patient, tends to bruise the lip itself and hurt the cervix, and thus, indirectly at least, promote septicæmia. Moreover, traction, unless made with unjustifiable force, seems to have but little effect.

We have made frequent and careful trials of traction and expectancy in such cases, and do not hesitate to answer the question which forms our caption by the one word—"NOTHING!" [So say we all of us.] *So. California Practitioner.*

AN ARSENIC POISONER.—The numerous refinements in the art of poisoning that have been introduced of late years have not, it would appear, caused those who wished to get rid of relatives or acquaintances wholly to dispense with the old-fashioned plans. We learn from a Boston contemporary that a woman named Robinson has lately been convicted at Cambridge, Massachusetts, of the murder of her brother-in-law by the administration of arsenic. The indictment charged her with the murder of seven persons, all within the space of five years, namely, her landlord, husband, sister, brother-in-law, daughter, nephew, and son, that being the chronological order in which the deaths occurred. All died with the usual symptoms of arsenical poisoning. She was first tried for the murder of her son, but the jury were unable to agree; the next count taken was for killing her brother-in-law, and on this charge she was found guilty in the first degree. Suspicion was not aroused against her until during the illness of her son, the last victim, arsenic having been detected in the matters vomited by him. She was arrested on the day before he died, and arsenic was subsequently found in his body. The bodies of the others mentioned above were then severally exhumed and examined, with the result that arsenic was found in the viscera in each instance. The alleged motive in at least four of the cases was the insurance money on the lives of her victims. The chief reason of her success—for in many respects she was a clumsy performer—was no doubt that she moved about from place to place, so that her several victims were under the care of different medical men, otherwise she must have been found out long before. These murders only afford one more instance of the extreme necessity there is that medical men should always be on the alert, and in the case of an illness commencing suddenly or gradually in an adult with vomiting and purging for its most prominent features the possibility of arsenical poisoning should always be borne in mind.—*British Med. Journal.*

PSORINUM. *W. E. Leonard, M.D., Minneapolis, in So. Jour. of Homœopathy.*—Fifty years ago a prominent German homœopathist, Dr. Elhardt, wrote of psorinum as "one of the most reliable and valuable drugs in the whole *Materia Medica*."

It was introduced by Hahnemann and by him prepared from the sero-purulent contents of itch vesicles (scabies); some provings are from the epidermoid efflorescence of pityriasis.

Possibly because it is a "nasty nosode" this drug has been and is neglected by the ordinary practitioner. There is no more reason in this than there would be in avoiding the whole list of animal poisons.

Pathological product in man need not be eschewed any more than the secretions of animals (in potency) which all practitioners use every day.

MIND.—The patient despairs of recovery. Knows that he will not survive, or thinks himself very ill when he is not—after typhus and typhoid fevers, or other illness; when these mental symptoms are relieved by nose-bleed. With these symptoms in convalescence you will find profuse sweating from the least exertions, or especially at night; and, the appetite does not return. When china does not relieve these symptoms psorinum will. Compare also calc. ostr., hepar, lyc., and phos. Psorinum also cures religious melancholy, as do sulph. and nux. Psorinum has cured these two symptoms, which Hahnemann has classed among those peculiarly psoric, viz.: Every moral emotion causes trembling, and severe ailments from even slight emotions.

HEAD.—Congestion of blood to brain, awakening him at night; he cannot collect his thoughts; which may signify impending apoplexy. Pain in the head on arising in the morning, as if brain had not room enough in the forehead; a forcing outward, better washing and eating. The more common headache of psorinum is preceded by dull sight, always associated with hunger, "hungry headache"; comes on in changes of weather, and is relieved by nose-bleed. Under bromine the nose-bleed relieves the catarrhal headache, but more especially the chest and eye symptoms.

The head must be kept warm, even in very hot weather and in bed. Here it is like silicea, the headache of which is relieved by hot compresses.

EARS.—Discharge of thin, ichorous, very fetid pus from the ears; child screams out at night.

FACE.—Lips painful and swollen, especially the upper. Calc. ostr., sulph., and bell. cause the same condition.

HUMID, SCABBY ERUPTIONS ON THE FACE AND BEHIND THE EARS.—Here graphites and mezereum are closely allied; the former affecting the cheeks especially, as does antim. crud.

Scurfs on the ears (hepar).

The eruption on the face itches intolerably; the child scratches until the parts bleed (as under sulph., of which you are constantly reminded in the study of psorinum), discharge humid, purulent, very fetid, or dry, free from mucus.

MOUTH.—In the provings, psorinum caused the tip of the tongue to feel very dry, painful, as if burnt. This symptom may help you to select the remedy in fevers, or in convalescence, when this condition remains too long.

APPETITE.—Excessive hunger (bulimia), as under lycop.; disgust for food (colch.).

STOMACH.—Eructations tasting like rotten eggs. This is also found prominently under arnica, magn. carb., graph., hepar and ant. crudum.

STOOLS.—Dark or black, horribly offensive, indicating this remedy in cholera infantum, when arsenic and lachesis do not cure and there is lack of reaction. Psorinum may clear the way for these remedies, but sometimes you will find lach. to disagree with psorinum. These stools are only at night, worse towards morning; or involuntary, as is also the urine, with carphologia and profound coma, in late stages of typhoid fever, when your patient is likely to slip from your control if you do not arouse the vital energies.

Psorinum cures obstinate constipation, and especially in children, as I have learned, when nothing else will.

MALE ORGANS.—Impotence, aversion to coitus; these are marked results in strong, healthy persons.

PREGNANCY.—In the second month pimples appear about the nipples, itch violently, and ooze a fluid. Later, the mother is troubled much with congestions; the fœtus moves too violently; abdomen tympanitic, nausea, vomiting, when nothing else relieves. Of course such symptoms are clinical, but none the less useful and reliable. Sepia and opi. (Jahr), will quiet excessive motions of the fœtus. The former has done this for me, and greatly modified labors formerly difficult.

SKIN.—Here the chief local action of psorinum is centered, for it has especial affinity for the skin. Pale, sickly children have continually a filthy smell of the skin, which washing does not relieve.

Rheum has a sour smelling skin, also sour stools. The skin of the psorinum patient is tawny, oily-looking, has crusty eruptions every where, and itches intolerably, worse in bed and from warmth. The child scratches until it bleeds. Clematis, merc., mez. and sulph. are prominent analogues here.

TRUE SCABIES.—Psorinum will bring out the eruption and relieve internal symptoms; it also cures pustules, boils, etc., after itch. The oil of lavender will kill the eggs of the insect (*acarus scabei*), but will not check the eruption or cure it.

RESPIRATORY ORGANS.—Asthma, hay fever. Psorinum is most useful in the beginning treatment of these troubles. It will often make a cure possible, while ipec., spong., arsen., etc., are often only palliative. Natrum sulph. is more useful under the same circumstances, since "sycosis is the most common background for asthma" (Prof. Kent); also silicea.

IN GENERAL.—Psorinum produces great debility, and a low, non-reactive state of the system. When debility in your patient is apparently unassociated with structural disease, think of psorinum; especially if the least exertion brings on sweat. China and sulph. suit the same debility after acute diseases. Psorinum suits best scrofulous and psoric constitutions, subject to glandular diseases, and skin affections, as we have seen; and such patients do not readily yield to the apparently well-chosen remedy. When sulph., its nearest analogue, fails, think of psorinum. Coffee antidotes psorinum. Coffee disagrees with typical psorinum patients, causing long-lasting vertigo, nausea, etc.

A CASE OF ATTEMPTED SUICIDE BY STRYCHNINE—RECOVERY.—I was called at midnight, Saturday, February 18, to see a young man who had taken fifteen cents' worth of strychnine with suicidal intent. As soon as slight spasms set in he was sorry for his act, and the desire to live coming over him strongly he informed his friends of his condition. I saw him about twenty minutes after he had taken the drug, his first remark being: "Doctor, save my life if you possibly can." He immediately after went into a violent spasm. I at once began to administer chloroform, and as soon as the muscles relaxed a little put about an ounce of crude charcoal into half a glass of cold water. Of course the charcoal didn't dissolve, but it enabled me to get some of the mixture into his mouth through a space where a couple of teeth had been extracted; occasionally I could push a teaspoon into his mouth, depress

his tongue, and thus making him swallow succeeded in getting the whole quantity down. I then began giving mustard and water, in all about an ounce of mustard; then about two drachms of zinc sulphate, which caused a little vomiting, mostly pieces of orange with a little fluid. Up to this time he had stopped breathing twice, and artificial respiration was kept up till breathing was fully restored. After about an hour the spasms began to intermit, though the intervals were short; during the spasms the chloroform was still given. I had a large mustard poultice made to cover the stomach and bowels completely; this was kept on until it caused severe pain. I then gave five-drop doses of tinc. verat. vir. until twelve had been taken. Between 3 and 4 A.M. he had a profuse watery movement, the emetic evidently having worked that way; after this the attacks were shorter, but came every few minutes, and I continued giving the chloroform during the night. The first thing in the morning I procured some chloral hydrate, and giving him twenty-grain doses kept him well under its influence till noon. This worked like a charm, there being no spasms after its discontinuance, and next day he was apparently well.—*The P. & S. Inv.*

DR. H. D. CHAMPLIN (Cleveland) contributes, in terse and get-at-table form, "Some Prominent Diagnostic Points between Hysteria and Epilepsy":—*Med. Era.*

HYSTERIA.

Attack is gradual.
Screams during the course of the attack.

Rigidity, or struggling and throwing about of the head and limbs.

There may be biting of the lips and hands: more often try to bite others.

Micturition is rare.

Talking frequent.

Duration of attack, half an hour to several hours.

Pupil is normal.

CAUSES.

Psychical affections.

Irritations arising in genital apparatus.

Pollutions in females.

AGE.

From birth till death.

EPILEPSY.

Attack is sudden.

Utters a scream at the onset.

Convulsions at first characterized by rigidity, followed by jerking movements.

Biting of tongue.

Micturition during the attack.

Patient never talks.

Duration of attack a few minutes.

An alternate dilatation and contraction of the iris for over a minute after consciousness is restored.

CAUSES.

Heredity.

Diseases of the brain.

AGE.

Between ten and twenty years most vulnerable period.

NITRITE OF AMYL IN DYSPNŒA.—Dr. E. B. Ward, of Laingsburg, Mich., says in the *Journal of the American Medical Association*, March

10: "The Journal of January 21 contained an editorial comment on the use of Nitrites in Asthma, as observed by Prof. Fraser, of Edinburgh, wherein it was stated that the nitrite of amyl, formerly given by inhalation, produced the same effect with much longer continuation when given by the stomach.

"At that time I had a patient with Bright's disease, who suffered most agonizing paroxysms of dyspnœa—they were simply terrific, notwithstanding the use of ordinary measures. There was no asthma whatever. On the recurrence of an attack, after reading the editorial, I gave three drops of nitrite of amyl in a teaspoonful of brandy, without expecting much result, but simply as a *dernier ressort*. The result was simply miraculous! It was almost instantaneous. From a sense of impending suffocation, the patient began to breathe perfectly free in less than five minutes. This relief lasted for upwards of twelve hours, when the same quantity was repeated on the recurrence of another attack, with the same result, and without increasing the dose. The nitrite was given on every recurring attack, until the attacks finally disappeared, and for several days the patient has had no dyspnœa whatever. The original disease, however, is unaffected by the nitrite.

"Now, while I am free to admit that one swallow doesn't make a summer, and while I know that this remedy is not especially recommended for the dyspnœa of Bright's disease, I have seen enough of its effects in this case to make me wish that I could tell my experience to the whole profession at once."—*Med. Register*.

A PECULIAR KNIFE WOUND.—I was called at 12 o'clock at night to see one J. J., a German, aged 24. I found the patient in a very bad condition, and that he would soon die. The story they gave me was that he had been cut on the leg, with a knife, at 9 o'clock. A doctor had been called, had dressed the wound and left, saying it did not amount to any thing. Two hours later another one had been called in, with the same result. I found him in great pain, with a desire to pass water, but unable to do so. I found a small wound on the thigh two inches below the trochanter on a line with the crest of ilium. With the probe I found its direction upward and inward. It passed under the sartorius muscle over the femoral artery, under Poupart's ligament directly toward the bladder. I did not probe any farther, but tried to draw his water. I could get nothing but blood. He died in two hours. Dr. W. went with me, and the family gave us permission to open the body. We found that the knife had passed as above and entered the bladder. There were three distinct wounds of the bladder, as if the knife had been churned in the wound, making but one outside, but had changed its course inside and entered the bladder in three places. I gave my testimony at the trial that the leg must have been strongly flexed, and that it was, in my opinion, impossible for him to fall on his own knife and produce a like wound. Also, the knife had been partly withdrawn twice and again sent to the hilt, making three distinct wounds. Three others gave the same testimony. Yet the assassin was let go free. I have seen many strange wounds during my practice and also during the war, but this was a very peculiar one. Two doctors had passed it as hardly worth dressing.—R. W. ST. CLAIR, M.D., in the *Med. World*

SHALL A YOUNG PHYSICIAN MARRY FOR RICHES?—Although seductive, riches as an object to a young physician's marriage are looked upon

by Dr. Senn as particularly obstructive to professional success. He says that in Europe it is "the thing" for medical men to marry rich wives to keep the wolf from the door. In his judgment however, such a course only aggravates the social and professional standing, as wealth acquired in such an easy way brings obligations which are antagonistic to scientific advancement. Unless a man acquires wealth by his own efforts, he will seldom find his way to the front ranks of his profession. It is better for a man to remain poor as long as he lives, and labor honestly and perseveringly in the interests of his chosen profession, than to be constantly handicapped by a rich wife or her many relatives. It is seldom that a rich woman has the good sense to satisfy her ambition in promoting the scientific attainments of her husband; her interests are usually outside of the things which pertain to the profession. Only too often her greatest, yes, her only desire is to become a conspicuous figure in society, and as she can not attend the balls, receptions, and theaters alone, the man who married her for money must do at least what he can to make her happy, and must go along. Science is making such rapid strides that its devotees have absolutely no time for the doubtful pleasures which society can offer.—*The Weekly Medical Review*.

A bill is now before the legislature of New York which provides that it shall be unlawful to make or sell any proprietary medicine without a label is affixed on which the constituents of the medicine are plainly set forth. The measure is of course, vigorously opposed by patent medicine manufacturers, and what the result will be remains to be shown. It is said that there are, in the State of New York alone, 108 patent medicine factories, with a capital of \$3,512,430, and an annual output of the value of \$1,339,178. It is also stated that in the United States there are 563 such establishments, employing, in all, about \$10,620,880 capital, the annual product being valued at \$14,682,492.—*Canadian Phar. Jour.*

—FORCED RHYTHMICAL BREATHING AS A REMEDY FOR SEASICKNESS. —Dr. J. J. Leiser, having pondered upon the well-known impulse felt by many persons to breathe irregularly, as a result of the sensations induced by a ship's motions, and, in particular, to hold the breath as the vessel rises or falls, has come to the conclusion that this disturbance of the respiratory rhythm amounts in many cases to such an insufficiency of respiration as to involve inadequate aeration of the blood to a degree great enough to poison the brain for the time being. In a communication to the *British Medical Journal*, he supports his theory with a letter signed by Dr. G. C. Stockman and Dr. C. W. C. Prentice, in which those gentlemen give an account of certain very satisfactory tests to which they put it on a recent trip across the Atlantic in the steamship *Etruria*. The remedy is simple—to take full and rhythmical respirations, not fewer than twenty to the minute, breathing as one would perform a piece of music, by count.—*Br. Med. Jour.*

MODERATE EXERCISE.—There is no better preventive of nervous exhaustion than regular, unhurried, muscular exercise. If we could moderate our hurry, lessen our worry, and increase our open-air exercise, a large portion of nervous diseases would be abolished. For those who can not get a sufficient holiday, the best substitute is an occasional day in bed. Many whose nerves are constantly strained in their daily voca-

tion have discovered this for themselves. A Spanish merchant in Barcelona told his medical man that he always went to bed for two or three days whenever he could be spared from his business, and he laughed at those who spent their holidays on toilsome mountains. One of the hardest worked women in England, who has for many years conducted a large wholesale business, retains excellent nerves at an advanced age, owing, it is believed, to her habit of taking one day a week in bed. If we can not avoid frequent agitation, we ought, if possible, to give the nervous system time to recover itself between the shocks. Even an hour's seclusion after a good lunch will deprive a hurried, anxious day of much of its injury. The nerves can often be overcome by stratagem when they refuse to be controlled by strength of will.—James Muir Howe, in the *Nineteenth Century*.

EVERY MAN HIS OWN OPTICIAN.—We recently saw two men, with the look of ordinary intelligence in their faces, engaged in the singular occupation of trading spectacles. It would appear that the style and quality of the bows was the chief consideration in the barter, and the question of the adaptation of the glasses to the wants of the eye wholly secondary. It is astonishing how frequently in response to the oculist's inquiry as to where patient's glasses were obtained, he is met with the child-like response, "I found them," or "a friend gave them to me." Thus, instead of adapting glasses to the suffering eyes in accordance with the laws of refraction, these delicate organs are subjected to the fatal task of adapting themselves to any glasses that chance may throw in the way of their inconsiderate owner. This idiotic practice is the foundation of some of the worst and most hopeless cases of refractive trouble with which we meet. Let the general profession with oculists lift their voices and use their influence against the growing evil.—*Cal. Homœopath.*

A DISGUSTING HABIT.—The American street-car or the ticket window of a railroad station frequently offers this unpleasant spectacle: A well-dressed and, to all outward appearances, a well-bred woman, opens her pocket-book, picks out a piece of money, and deliberately *puts it in her mouth and holds it there* while she closes her purse, readjusts her glove, and arranges her multitudinous packages. If some modern Smollett would lay before her eyes "The Adventures of a Dime," if she could even dimly conceive of the unutterable foulness through which the coin she holds between her dainty lips has probably passed, a loathing horror would overwhelm her; but in blissful unconsciousness she caresses that which is the embodiment of all filthiness. Aside from the view of cleanliness is the question of contagion. That this nasty habit is often responsible for the spread of infectious diseases can not be doubted.—*Pittsburg Medical Review*.

GLOBULES.

—An indiscriminate medley of symptoms, from however many observers, cannot constitute the proving of a drug, nor is any experience valid which ignores negative facts of observation. . . . A scientific method of the bookkeeping of symptoms does not by any means constitute the science of proving drugs.—*N. A. Jour. Hom.*

—One of the most remarkable freaks of nature : when Mary had a little lamb.

—A tablespoonful of pure glycerine injected into the bowels will cause an almost instantaneous evacuation, even when the bowel is very badly constipated.

—Lard boiled in milk is the very latest cure for phthisis.—*Ex.* Thanks, awfully ; too rich for our blood. The Arkansaw whiskey cure is good enough for us.

—They say that no one ever saw a bald-headed consumptive, or a bald-headed tramp.—*Med. Era.*

Argal : All tramps are consumptive.

—To diagnose *intracapsular fracture of hip-joint*, place patient upon his abdomen and carry foot backward ; if able to carry nearly to a right angle with body it is undoubtedly a fracture.—*Prof. Forbes.*

—To-day the wealth of our materia medica is like the Vanderbilts : it destroys the usefulness of the man and impoverishes the nation. It confounds the doctor and robs the patient. *M. W. Van Denburg, M.D.*

—At the *post mortem* of the late Emperor William I., an unsuspected calculus was found. The monarch's two doctors cut it in two and carried off each a half, as a memento, possibly, of their oversight.—*Hom. World.*

—The twenty-ninth annual commencement of the Homœopathic Medical College of Missouri (St. Louis) occurred March 15, Dr. Jas. A. Campbell, acting Dean, Prof. Spalding conferring the degrees, while Prof. Foulon disposed of the prizes. Sixteen graduates.

—When Dunham delivered his now famous and oft-quoted speech before the American Institute on the fullest liberty being accorded medical practitioners, did he intend to grant the liberty to the lower potencies only or—how ? Was this rule to work only in one direction ?

—A NEW HOMŒOPATHIC COLLEGE : The faculty of the Kansas City Hospital College of Medicine recently held a meeting and accepted the resignations of its Faculty. It was then decided to make the college a homœopathic institution, with Dr. F. F. Casseday, Dean.

—A Free Stater named Van Niekerk, living near Vredefort, lost eight children from diphtheria a week or two ago. He neither administered medicine nor obtained advice, saying that if they had to die, they must. This is fatalism with a big "F."—*So. African Med. Jour.*

—Whatever the general conclusions as to the use of antiseptics may be, it is certain that the physician himself, and all his belongings, should be aseptic, as nearly as possible, not occasionally through the use of powerful germicides, but all the time through the absence of anything deleterious.—*W.B. Morgan (St. Louis).*

—Out of eighty different burlesque prescriptions written in Latin and presented for the purpose of detecting whether fraud was being practiced by the Berlin apothecaries, seventy-seven were filled (?) and charged for ; while only three druggists returned the prescriptions as unintelligible.

—A homœopathic physician in Denver, by failing to give explicit directions for taking the medicine he prescribed, has been severely criticised by the opponents of homœopathy. *People's Health Jour.*

—For honors, if a man advance to the forefront of his profession, if he boast of scientific attainments of which any one might be proud, he may receive, as the highest reward for his merits, a baronetage in company with a millionaire brewer, or a knighthood by the side of a prosperous shopkeeper.—*Brit. Med. Jour.*

—For paralysis following diphtheria I have found nothing equal to gelsemium. Asthmatic patients do not die during a paroxysm. Just at the point where death seems imminent the spasmodic action ceases and the patient revives. Ipecac probably relieves more promptly than any other remedy.—*Prof. Ricker, in Med. Era.*

—NEURALGIA.—Case of malarial neuralgia; left side of face; pain almost unbearable; came on at 9 A.M.; for a month had been growing constantly worse. Gave eupatorium perf. After taking the medicine 24 hours the pain ceased, and the case was permanently cured, there having been no return.—*Dr. E. Lippincott, in Med. Era.*

—The pericardium may be tapped in cases of effusion, says Wheelhouse, of Leeds, by inserting the trocar on the upper surface of the fourth rib, to the left of the sternum; advance it steadily upward from left to right, until the impulse of the heart can be felt; withdraw the trocar, leaving the canula in position.—*Exchange.*

—THAT ACCOUNTS FOR IT.—In a doctor's office—"I can't exactly explain my symptoms, doctor. Although there is a general feeling of weakness and weariness, I have an unaccountable itching in my legs, as if I wanted to be in motion."

"Oh! I see! You're a bank cashier."—*Lancet-Clinic.*

—A doctor of the old school publishes in an exchange "Headaches in Diagnosis," under the title of which appears "[Copyrighted.]" Thought the Code of Ethics considered proprietorship in medical ideas by a medical man as unprofessional. Goodness gracious! What a flagrant and fragrant transgression they would deem this in a homœopath!

—Experience has taught me this: Experience, the best guide and teacher that a physician can follow; indeed, if he fail to follow her, he had better be no physician at all. The game is too serious to be played with impunity; when, on the one hand, we have empirics, who, knowing neither the history of diseases, nor their *modus medendi*, practice on the strength of recipes alone; and on the other, empty sciolists, who rest all their claims upon an affected pretension to art, and on speculations that may be worked either way.—*Sydenham Med. Classics.*

—Should laparotomy be performed for posterior and side wounds? The same rule applies as for wounds of the anterior abdominal wall; the wound should be explored with finger, probe, or by incision, and if it leads into the peritoneal cavity, section in the linea alba should be made. Fortunately, wounds in the back and side, even when they do penetrate the solid or hollow viscera, are very much less fatal than those which enter from the front, owing doubtless to the better drainage, and to the fact that the peritonæum is absent from the posterior surfaces of some of the viscera.—*Med. News.*

—Dr. Francis L. Haynes has become connected in an editorial capacity with the *Southern California Practitioner*.

—DIET FOR DIARRHEA.—Take the whites of one or two eggs. Beat up into a froth. This is best accomplished with a knife, the white of the egg being poured into a plate for that purpose. When completely frothed pour into a wineglass, and add a few drops of lemon juice or a little loaf sugar. In some cases a patient may be fed exclusively in this way for a time.—*Hom. World*.

—“Ignatia is the remedy for grief when it is not of long duration. The chronic and long lasting effects of grief call for phosphoric acid! —*California Homœopath*, January, 1888, p. 21. Our funny editor would like to know what is good for a chronic and long lasting case of impecuniosity.—*So. Cal. Pract.* Our “devil” wants to know what’s the matter with aurum met. q. s. for the imp-ecuniositousness.

—A pious Allopath, not long ago, contracted a malady for which mercury is said to be a specific. He claimed to have caught the disease “from carelessness in attending a patient,” afflicted in a like manner. There are some people who are disposed to doubt the veracity of the physician’s explanation, but, coming down to bottom facts, what reason is there to question the truth of what he says?—*Howard Crutcher, in So. Jour. of Hom.*

—A woman has no moral right to marry a drunkard or rake any more than she has a right to marry a consumptive or a man inflicted with hereditary insanity. It is not mere racial prejudice that opposes the marriage of the negro and the white man. Entirely apart from the almost certain mental degeneracy of the progeny of such parents, stands the fact that the children of such marriages are notoriously of weak and often imperfect physical development.—*Med. Register*.

—And while we enjoy ourselves at Niagara and renew old friendships, let us look sharply after “Materia Medica and General Therapeutics” and “Drug Provings,” and exercise special care that these great subjects, so important to the advancement of homœopathy, are not deprived of the consideration which they justly demand. If this be done the meeting of ’88 will be a memorable one.—*N. A. Journal of Hom.*

—Fancy promenading the streets with an “olive-colored hat,” or a “canary-colored vest cut high in the neck” as an insignia of the office of M.D.! Why not adopt the custom of the Texas editor, who on being presented with a new b’iled shirt, wore it on the outside of his other garments! We would suggest the crazy-quilt pattern for a coat as the most “attractive,” and each separate piece to bear the name of some patient “gone before.”

—I never get into a very large and lofty saloon without feeling as if I were a very weak solution of myself—my personality almost drowned out in the flood of space around me.—*Holmes.*—(*So. Cal. Practitioner*.) That isn’t usually the kind of flood that drowns out the frequenters of the saloon. True it is, however, Mr. Autocrat, that they sometimes feel large and lofty—“sp’iling” for a fight—and after the encounter they are more like a very weak solution of self. Didn’t see any bust of Hahnemann just before entering the saloon, did you?

OH—DON'T—OLOGY.

DON'T ever expect to find a tight corset.

DON'T let the patient read your countenance.

DON'T cause needless pain, or make unnecessary examinations.

DON'T wake a sick person to give medicine or for any purpose.

DON'T let your little patients get the habit of sucking their thumbs.

DON'T listen, tacitly assenting, to remarks reflecting on another physician.

DON'T tell the patient your fears; but quietly inform some one of the relatives.

DON'T be frivolous in your remarks at the bedside; be respectful and high-minded.

DON'T be a slave to your repertoires; carry some medical knowledge in your head.

DON'T forget that little children are the doctor's best friends in a neighborhood.

DON'T fail to take an active part in the American Institute Proceedings this year.

DON'T imagine your lady patients will ever plead guilty to taking any but *weak* coffee.

DON'T leave your cases until sure of the future: better lose half of a big bill, than lose a patient.

DON'T jump at conclusions at the bedside, or else your cunningly devised theory may be proven false.

DON'T let that conventional chestnut, the obstetrical case, keep you from being present at Niagara Falls.

DON'T come there empty handed; emulate the gift-bearing Greeks and bring something.

DON'T refuse to go out at night if you continue in general practice, else you will also lose your day practice.

DON'T gloat over the loss by a rival: the doctor who has never lost a case is either a recent graduate or—a liar.

DON'T fail to read Clear Writing Butler's paper in the last issue for an understanding of the aims of the I. H. A.

DON'T mingle in politics; first, because it will take up time belonging to the sick; and, second, it will make enemies.

DON'T be too ready to discountenance the efforts of the "wise" women of the patient's neighborhood: Be politic.

DON'T let the dimensions of your sign give rise to invidious contrast with circus bills: more on the bills than under the canvas.

DON'T attempt to rule in the church and Sunday school, for however sincere you may be, the majority will misconstrue your motives.

DON'T remove your office except for weighty reasons. A moving doctor is like a transplanted tree, he cannot take root sufficient to grow.

DON'T fail to enjoin absolute compliance with your directions; else they may interpolate Somebody's cough drops, or a dose of physic "simply to help *your* medicine, Doctor."

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Before the publication of another number of the AMERICAN HOMŒOPATHIST the forty-first session of the AMERICAN INSTITUTE OF HOMŒOPATHY will be a *fait accompli*, and have become a part of the history, let us hope, not alone of Homœopathy, but of the world. We use the last word advisedly, for it is no idle dream to hope that the importance of the Institute shall grow with each succeeding session, until, in the fullness of time, it shall overshadow the earth; and, as we are already the oldest medical association in the land, so will a proper and united effort place us in the forefront of the world's events. How may we conduct our meetings to gain this "consummation most devoutly to be wished for"? Very simply. Emulate the practical ways in vogue with other deliberative bodies, and notably the International Medical Congress, which held its sessions at Washington: *i.e.*, devote the days assigned to business to that business, and not to anything else; attend the sections and general sessions; contribute our best ideas, the very latest advancements in our art—medical or surgical; encourage the chairmen of the several bureaux by our respectful attention and participation in the discussions—if not prepared with a paper of our own—remembering that they also serve who only stand and wait. Are we not doing this at every session? Perhaps. Judging from the published proceedings we seem to do so, but we do not. Why? Because we begin our holiday too soon. Instead of going to the Institute *per se*, we have been accustomed to visiting some one or other of the famous and high-priced watering-places or springs, to enjoy our annual vacation under the stimulus of reduced railroad and hotel fares, and, incidentally, if we happen to have a paper for any of the Institute bureaux, be present at that session; but this only as a secondary object. This is wrong. The Institute is not a club. It is an organization perfected for a specific purpose—that of uniting the homœopathic profession all over this country into one band of brothers, "among whom no contention should ever exist save that noble contention or rather emulation of who can best work and best agree"; and in the proportion that we increase the value and strength of the institute as a body corporate, so also do we add to our individual strength as practitioners.

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The remedy for this alleged evil? Postpone the holiday till the business of the Institute is *all* despatched; then, as the *Institute*, not as individuals in straggling bands, take a special train, steamer, or other conveyance and spend a day or more in visiting any or all the points of interest for which the selected annual meeting-place is famous. Omit the banquet at the hotel, which as a rule is an empty farce; and save your shekels for a holiday after the work is done. A number of ad-

vantages from the adoption of this course will be apparent at a glance. First : Better attendance on the Institute ; consequently a palpable improvement in the routine of the business. Second : Reduced rates for conveyance and fees to and from, and at points of interest. Third : More attention from officials, guides, hackmen and other necessary attendants, thus insuring greater ease and comfort, and better knowledge of places visited. Fourth : The satisfactory impression made by the American Institute as a body, not only upon the immediate vicinity visited, but, upon the country at large ; for so great and intelligent a body of men and women, in convention assembled and traveling together, cannot fail of attracting the attention of the daily papers and a resulting chronicling of our movements. In other words we "boom the Institute."

Per contra we find but one objection—the added expense of one or two days' board. But if the Institute is thereby enabled to take a better rank before the public ; if its sessions are better attended, and a deeper and more lasting interest invoked ; and if by combining a day or two in the absolute freedom of holiday festivities it is made possible to see and be seen, and of meeting with the celebrities of our school, away from the restraints of "shop,"—is not this a sufficient equivalent for the additional day away from the "obstetrical" chestnut, and the expenditure of a few more paltry dollars ? The interests of the Institute come first. The interests of individuals second. Let us have a rousing, enthusiastic meeting in session, and a royal good time afterwards. Let us be doctors *in* the Institute, but merely friends and neighbors—children of a larger growth—free from "shop" and care, out for a frolic *after* the Institute is closed.

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Says Dr. Lilienthal in *The Hahnemannian* : "What a blessing it would be for the world at large, and especially for the medical profession, be they allopaths, so-called homœopaths or members of the I. H. A., if they would learn that the essence of homœopathy consists in the principle of similarity, and that the infinitesimal dose is only a corollary which allows here and there exceptions, and that a large, even a so-called toxic dose may be perfectly homœopathic to the case in hand." The need for classing members of the I. H. A. with allopaths and so-called homœopaths is not apparent. A careful, unprejudiced reading of the paper on the International Hahnemannian Association, published in our April number, written by Dr. C. W. Butler, vice-president, might reasonably convince any one that it voiced the real purposes of the I. H. A. ; and this writer distinctly states, what we know to be a fact, that "as a society NO POTENCY or POTENCIES are endorsed ; the prescriber of any potency, high or low, will be welcome if his prescription be homœopathic." Can Father Lilienthal ask for a fairer avowal than this ? Does this leave him any basis for his uncharitable reference to "the infinitesimals" ? And if the I. H. A., collectively or individually, has any tenet higher, or any belief more firmly grounded than "that the essence of homœopathy consists in the principle of similarity," Dr. Lilienthal has been first to make the discovery,—a discovery not borne out by the facts.

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Not with any purpose of defending the I. H. A.—if any defense be needed for following out a conviction—did this journal solicit of Dr.

Butler the statement concerning the aims and objects of his society, which he courteously placed at our disposal ; neither was it published because of membership or affiliation with the I. H. A., for, as heretofore stated, we are not a member and have no wish to be ; nor yet because of any special admiration for the ruling spirits of the organization—for it contains many members who are personally unfriendly to us, and whose abdication would, in our opinion, measureably improve the standing of the society at home and abroad ; but it was solicited and published, simply because of a desire to put the true objects of the association, as an association, before the homœopathic world, so that the necessity or non-necessity for this association might be squarely looked in the face ; to show in what regard it differed from its parent organization, and thus end, in part at least, the unpleasant comments, and worse, which have from time to time filled the pages of our contemporaries, and of which Father Lilienthal's fling is a mild sample, but all the more severe because emanating, as it does, from a professor and an author who is looked up to and admired by adherents of both wings of the school for his labors in the domain of pure homœopathy.

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We deplore the existence of this association, not because of its existence *per se*, but because of the seeming urgency which impelled its founders—some of whom were present and took part in laying the corner-stone of the Institute—to leave the ranks of our beloved Institute in order to be free to establish an organization where the study of the homœopathic materia medica could be encouraged and prosecuted to its best and farthest possibility ; and because its continued existence, with annual accessions of members, and very apparent prosperity, is a standing reproach to the homœopathy of the Institute. The *Advance* has repeatedly called attention to this dereliction on the part of our Institute ; but as the *Advance* has always been ultra in the matter—intolerant of views of homœopathy differing from its own, and rather leaning I. H. A.-ward, its championship may possibly have been ascribed to interest ; other journals of our school, less open to the charge of extremism, have also, from time to time, called attention to the absence from the Institute labors of materia medica in any appreciable or valuable quantity, and we remember to have heard Father Lilienthal in open session of the Institute of 1886, protest against the repeated postponements from day to day, from hour to hour, of the Materia Medica Bureau—that very “essence of Homœopathy,” which distinguishes us from “Allopaths and so-called Homœopaths,”—and then restricting its report to fifteen minutes. And all through this Annual Session, Dr. Lilienthal spoke repeatedly in favor, as he always does, of the purest of pure homœopathy ; a firm champion for the right.

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And now comes that clear headed, ably-conducted representative of HOMŒOPATHY, the *North American Journal of Homœopathy*, which has no affinity for potentized moonshine, lac swaninum, the infinitesimals, or any of the other things derided, or sought to be derided by the advocates of the lower numbers,—and says in its April number (p. 254): “The Institute will go West next year . . . and while we enjoy ourselves at Niagara, and renew old friendships, let us look sharply

after *materia medica*, and general therapeutics,' and 'drug provings,' and exercise special care that these great subjects, so important to the advancement of homœopathy, are not deprived of the consideration which they justly demand. If this be done, the meeting of '88 will be a memorable one." If, therefore, the journals of our school, aside from those distinctly committed to the I. H. A., make these allegations, thereby tacitly admitting the correctness of Dr. Butler's reasons for the formation of a new society, is it not high time that we turn our eyes inwardly, scrutinize our own conduct, and correct the wrongs in our Institute, rather than pick flaws in another organization, calling them harsh names, and applying opprobrious epithets? If the admirable address delivered by Carroll Dunham, eighteen years ago, is to be construed as a license to "go-as-you-please" in matters homœopathic, shall not that same spirit of tolerance be extended to the high—"the infinitesimals"—as to the low? Common fairness would dictate this course.

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If Dr. Butler's position is correct, then the speediest way of disrupting the I. H. A., is to bring the Institute back to its original *homœopathic* usefulness, break the fetters which a straying after false idols has riveted on us in the name of scientific (?) medicine, and make its annual proceedings so instructive, and intrinsically valuable, that the members of the I. H. A. will sue to come back. Thus, and thus only, can the breach be healed. Corporate bodies, like unto individuals, resist intolerance and oppression; and the resort to innuendo, to severe and unjust criticism, and direct censure serves only to make the estrangement the more implacable. Instead of adding fuel to the flame, we should strive, in so much as in us lies, to quench the fire which now threatens forever to divide the homœopathic school. The homœopaths of America are neither so numerous nor so powerful that they can afford to be split into factions—for this I. H. A. shoot is only the beginning; only a foreshadowing of what will inevitably follow, if the several bureaux are denied full and patient hearing; or if obnoxious and intolerant precedents are suffered to obtain whereby the usefulness of any department of medicine is restricted. If the homœopathic school desires to occupy the high places in the land, be granted official recognition in the Army and Navy, and be generally accredited a system of medicine equal to if not better than the old school, it must adopt the tactics of the dominant school: unity and perseverance. That is the mission of the AMERICAN HOMŒOPATHIST: to labor for the unity of the profession, irrespective of potency or dose—to make one grand homœopathic body. And we hold that journal, or that man, recreant to his trust, a traitor to the cause, who, instead of laboring zealously for the unification of the homœopathic profession into one inseparable, invincible phalanx, seeks, by intruding personal and private differences of medical opinion, to add still more to the threatened dismemberment by antagonizing the one or the other wing as now constituted.

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Touching our personal feeling in the matter we can express it in no more fitting terms than those employed by Dr. Pemberton Dudley in the March *Hahnemannian*, which we quote:

We believe in the Institute ; believe in it most thoroughly ; believe in it as the representative of the homœopathic thought and sentiment and progress of our country and time ; believe in it as the champion and bulwark of our professional liberty, and as the central sun of our professional unity. We believe in it because it helps to give direction and purpose to much of our scientific advancement. But most of all we believe in it because without it, the homœopathic physicians of this country would be a heterogeneous mob, exposed helplessly to the merciless schemes and machinations of their organized and ruthless professional foes, who would speedily reduce them to abject servitude to the behests of allopathy. Homœopathic societies constitute the defense—the only safe-guard of the public's interests against the quackish pretensions of an allopathic usurper. The Institute, imperfect as she is, grand as she is, grander yet as she will be, is the center around which all the rest revolve, and as such she deserves our highest care.

So mote it be. Selah.

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Dr. Dudley endeavors to solve the enigma of selecting annual meeting places for the Institute, by appointing a standing committee whose duty it shall be to give this vital theme careful consideration in all its varied aspects and relations.

Such a committee should obviously represent each and every section of the country, should be subject to but gradual changes in its membership, should investigate carefully and systematically the advantages and disadvantages of various localities, should have charge of the reception and consideration of "invitations," should keep a careful record of all information relating to the subject and be prepared to give such information to the Institute on short notice, and should each year, after considering all the circumstances affecting the subject, recommend to the central body for action, a place for the next annual meeting.

The suggestion is in the line of a practical solution of the vexed problem. We care to add but one suggestion : that the committee in making and recommending its selection shall take into account as of prime importance, that the press and telegraphic facilities shall also be of the first order ; so that our sayings and doings may find their way to our several homes in advance of our return. In other words, that the press may be made an efficient ally of our Institute.

DR. GUS : MY PRECEPTOR.

VI.

"**D**IE-PIOMAS are not so cheap as they were a few years ago, but they can still be bought," said Dr. Gus, as he exchanged his wet coat for a dry Norfolk jacket—it had been raining smartly—and placed his wet boots to the fender of the base-burner, encasing his feet in a pair of hand-painted slippers, several sizes too large—a present from some rheumatic mam'selle—one of the veritable *sitzen-gebliebene*—and these slippers, as usual, cost him more than a half dozen pairs of ready-made, and of a size sufficiently approximating the conformation of his foot to permit of his moving across the room a single time without losing one or the other of the pantoufles *en route*. I had been waiting for my preceptor's return for over an hour, but as he always left the keys to his desk and book-case in a preconcerted place, I never lacked reading matter during his absence—for it frequently happened that my pilgrimages to his office would else have been in vain, as he was called to re-

mote parts of the city and into the country, often with no reasonable prospect of returning for hours. The rhythmical patter of the rain on the window pane, but more likely a hard day's work at the college, had predisposed me to a temporary dalliance in *dolce far niente*; and notwithstanding repeated efforts to overcome the indolent feeling, my thoughts would drift from the printed page. I had frequently wondered why, in common with modern doctors, my preceptor had no diploma hung in his office, its broad, blue ribbon with accidental negligence laid across the last two figures of the year of graduation, a monster gold seal rampant, and a list of professors who had either never been heard of before they became professors, or had returned, at the close of the college career, to that privacy with the un-professed many, where the battle was to do on medical merit alone, had found the seclusion which mediocrity grants—and been forgotten. I had on several occasions been taunted at the college, that my preceptor was an old granny, a know-nothing-but-materia-medica man, who had neither education nor polish; and as for a diploma, had never even seen the interior of a medical school. In common with the medical student of to-day, I had imbibed that superstitious reverence which hedges about a diploma; that one could practice medicine, or be in any degree successful without this precious bit of paper, was to my mind of course *not* impossible, but highly improbable. I had never before had sufficient courage to ask my precep. why this magna charta found no abiding place on his wall,—possibly from a sense of delicacy for the old gentleman's feelings in the event the taunt of the students proved true. To-day, however, I fully determined, during the wait, to broach the matter as gently as I could, and if he showed signs of displeasure, to quickly take off the thumb-screws. When therefore, Dr. Gus came in, I made a rather pointed allusion to diplomas which at once elicited the reply already noted. "Now, Tom," said he, as he brushed the rain out of his mustache and beard, and ran his fingers through his bedraggled hair, "I have been expecting you to say something of the kind ever since you matriculated. I never yet knew a student who did not make a fetich of the die-ploma, and worship it as much as does the poor negro on the west coast of Africa worship his bit of stone, or tooth, endowed as to him with god-like qualities. It is ding-donged into your ears every day; it is the everlasting talk of the hour; the poor student hangs suspended between Elysium and Erebus, losing sleep and laying up dyspepsia in his futile efforts to perform a psychical Cæsarian section on the womb of the future and mark whether she be big with his die-ploma. If he ever thinks that beyond the die-ploma there may be requirements which the mere possession of a die-ploma does not insure, he dismisses the thought with a Podsnappian wave of the hand, and hugs himself with the delusion that when he has learned enough to get his die-ploma he is armed cap-a-pie for the battle of life. Have you ever noticed," Tom, "he said, turning to me and looking at me intently, "that no die-ploma is displayed in my office?"

I FEARED my confusion must betray me; my heart beat such a Natrum mur. rat-a-tat-tat, I was sure he must hear it. Did he, with all his other admirable and unusual traits possess also the faculty

of mind-reading ; was he one of the mind-curers, or faith-curers, as the college boys alleged of every high-potency practitioner ? I frankly avowed that I had observed the omission, and was continuing to say that I had often wondered—"whether I had any," he interrupted with a smile and a wink. "You thought because I am so different from your teachers in my ideas of professional worth, and so forth, so avowed an enemy of all the scientific shams, having so much to say about colleges and professors, that I belonged to that class whose only credentials and license to practice, as Dr. Obetz cleverly puts it, were the pill-bags in which they carried their medicines. Oh, you needn't feel so crest-fallen about it ; I don't blame you ; I have been there myself. I have known the day when I couldn't muster up scorn enough for the man who had no die-ploma and yet persisted in curing people, where the be-medalled and die-plomad and professed physicians failed as completely as you will fail if you don't pin your faith to something more substantial than the die-ploma. Don't understand me as saying that you should have no die-ploma. Like the wheelbarrows and the Thompson-with-a-P door-plate, which Mrs. Toodles bought at the auction, the die-ploma may be handy to keep in the house in case of need ; but what I mean is just this : that there is to-day many a man practicing physic without die-ploma who is every whit as successful as his die-plomad neighbor. It is well to bear in mind that the gift of healing does not go with the die-ploma, neither is it conferred by the college faculty. And I would rather trust my life in the hands of a non-parchmented but long experienced man, than to the prize essayist who obtained his parchment unworthily, either by favor or by purchase. That is one point against the die-ploma. Dr. Obetz in a talk before the homœopathic class of the University of Michigan last fall made some telling hits on the average value of the die-ploma, and as I happen to count the Professor among my personal friends he permitted me to look over the report made of the talk. I will try and find it for you, while you examine the contents of this"—at the same time handing me a large tin cylinder which he had taken from the right-hand book-case drawer while speaking the last few words. "Take the top off and see if its papers satisfy you that it is not a case of sour grapes with me. I will look through the book-case for Obetz's paper." It was with considerable difficulty that the cap was removed—very evidently it had not been removed in years. For contents I found a diploma of a Pennsylvania old school college, one of the best institutions of its kind even to this day ; and an Adeundem diploma from a homœopathic college at Chicago. Among the loose papers contained in the tarnished tube, I found a scroll which had at one time been the presentation page of some book on which was written : "Presented to De Gustibus N. E. Disputandum for the best examination in Materia Medica at the close of his college course, 18—. May the industry and honesty of purpose manifested in your past life and especially so marked in your college days, continue through a long life of usefulness that is now prospective. From your true friend and instructor," signed with a name quite familiar to me.

AFTER completing the examination and being convinced that Dr. Gus had unquestionably traveled to the medical East in due form, I could not forbear asking why he hid his light under a bushel,

and displayed nothing on his walls except the Board of Health certificate and the membership diploma of the American Institute. He was standing on tip-toe trying to look behind some big books on an upper shelf. It was with some difficulty that he spoke. "I put up the Board of Health certificate—catch that, Tom, thanks," as I caught a large book which his elbow had dislodged—"because the law requires it. The Institute die-ploma I am too proud of to ever stow away in an obscure corner. I am proud of that organization and hope to continue a member to the end of my days, and then have T. Franklin Smith, that most indefatigable of statisticians, prepare my obituary. The school die-plomas I care little about. Less than a business man cares to employ a book-keeper who comes to him and for recommendation presents a commercial school die-ploma. I will tell you something about that presently—oh, here it is—Obetz's notes. The way to keep your books and papers safely," as he elongated a speck of soot on his nose, which he had been looking at cross-eyed and vainly tried to blow away, into a streak, "is to have a place for everything and then put them in that place. When I get a paper or pamphlet that I want to keep, I put it into this book-case. It never gets away from me, though sometimes it is a little tedious to find." He sprang from the chair in time to prevent being spilled out ; dusting his vest and coat, he threw a roll of manuscript on the desk, tied about with drug-store twine. As he untied the surgeon's knot, unrolled and rolled it in the opposite way so it would lie open, he looked sideways at the presentation sheet which I had not returned to the tube. "Wasn't that a pretty warm recommend. from a professor to a student?" I said it was. "And yet before the close of the first year that professor became my most inveterate enemy. However, we are drifting from the subject." While Dr. Gus was looking over the Obetz manuscript I busied myself scanning the diplomas. "I obtained that parchment," said he, looking up over his glasses and indicating the Pennsylvania document then in my hand, "under such difficulties that I kept it ; otherwise I should long since have destroyed it. Let me make a pencil check in this margin—lend me your pencil, please—left mine somewhere with a patient's boy I suppose—thanks. When I took my last year at college I was unfortunate enough to incur the enmity of one of the professors. I was too obstinate—too independent would be a more tenderer word, as Sam Weller might say—to apologize for a fault of which I had not been guilty; that transgression, if such it was, consisted in defending the reputation of the very professor who signed that presentation page. I don't pretend for one instant that I was an overly bright student, or gifted beyond the ordinary cub who enters the medical school portals, but I was industrious and attentive, and compared with other material of my class—one of whom did not speak the English language, two others could not spell three consecutive words correctly, and another one asked the chemistry professor for the temperature of chaos—when compared with the material of my class, I believed I was fairly entitled to receive my die-ploma—I am trying to find Obetz's point on the depreciated value of the modern die-ploma and how they have been obtained—but when it came to the final ballot this professor influenced others of the faculty to mark me low. In despite this I got there, but was defrauded of the prize."

PROF. OBETZ says: 'The old doctor feels that he is losing ground all owing to the influence behind the mystic document possessed by his persecutor. The diploma has worked the mischief. . . . One way of overcoming this difficulty was to attend some college of known repute, but whose requirements were such as to give a guarantee of success to an applicant. The formality of an entrance examination was not thought of, and an allowance was made in favor of five years or more of successful practice; this counted for one-half of the required attendance on lectures. . . . If by giving the candidate one course of lectures on five years or more of practice, admitting him without a preliminary examination of any kind and grooming and posting on the final questions likely to be asked, he failed to come up like his fellow-students and pass the required examination, he had the right to appeal to a committee of the faculty who examined him verbally—he means orally, a common mistake," said Dr. Gus, as he looked up, "and who invariably found him to be a good citizen, an honest Christian gentleman who had successfully practiced medicine for blank years, and was therefore recommended for graduation.'" Here Dr. Gus turned over several pages and continued: "'The other plan was direct and to the point; they boldly bought the coveted document, and additional medals and honors it was desirable to possess."

"THESE quotations of course have reference to the bogus and semi-bogus die-ploma mills, some of which still exist; but here he speaks of the ordinary college as they existed not long since, and some still continue to do business at the old stand: 'The time-honored plan, and unfortunately one upon which the majority of American colleges were organized, is what I shall call the commercial one. A number of physicians who wish the advertisement, style and title of professors, join in forming a faculty; the faculty select a circle of business men, friends and patients of theirs who constitute the board of trustees; a charter is obtained and the new college is ready for business. A place to hold lectures is selected; a glowing announcement is sent out and the faculty calmly await the arrival of the aspirants to professional dignity and honor. The fees must pay the expenses of the college and should there be a surplus it is divided pro-rata among the faculty. The trustees serve for the honor attached to running a college. In order to be sure that the expense will be paid a crowd must be secured, and the surest way to insure this is to make the term short enough to please the most fastidious, and to make the standard low enough to let in every man who can pay the stipulated fees. Lectures begin and all students listen to them; at the end of the term all hands go home without examination of any kind. There is no idea of fitness; no knowledge of progress made; but all are urged to return and go over exactly the same course as before. Now they are examined and every man takes his degree and goes home satisfied, praising the great college with its big classes.' With these three sources from which to procure a die-ploma," said Dr. Gus, as he replaced the sheets, rolled them up and re-tied them securely, "do you wonder that the average honest physician cares so little for his die-ploma? Now, you see the point, don't you?" I thought I did. "Well, it is just simply this, that the day is almost at hand when a medical die-ploma will be no more an

evidence of fitness to practice medicine, than a like certificate at a short hand school is evidence that its possessor can write an ordinary business letter that shall not be filled with wretched spelling, worse punctuation, and entire ignorance of grammar and rhetoric. The day will come, Tom, mark what I say, when the die-ploma will be evidence only of so much attendance on lectures and medical councils and State Boards will be appointed, as is now done in Canada and England, where each applicant for license to practice must appear and pass an examination. His die-ploma serves him only as a letter of introduction. "Dr. N. Schneider," said my precep. as he returned from the book-case where he had tossed the Obetz manuscript behind some books, "in his annual address before the Ohio Society, made a number of excellent hits on the student and die-ploma topic. He says, in effect, that no applicant for admission to a literary college would expect to be admitted without first showing by examination, that he had made suitable proficiency in his previous degrees of learning. And, if he fails to pass the preliminary examination, he very well knows that he cannot take his place among the students, nor appear again for examination until he has prepared himself by further study. Dr. Schneider insists, and with perfect justice, that the practice of medicine requires just as much acumen and knowledge as do the other professions; and that the responsibility of the medical man is not to be computed. When I made application to the Secretary of the Pennsylvania college—a college which even in that day, made great professions as to preliminary examinations—I was asked if I had ever read history; whether I had studied grammar and to give the parts of speech; whether I had gone any higher than decimal fractions; if I had read medicine and what was my age; all of which being answered in satisfactory fashion, I received my matriculation card. In anticipation of this ordeal, I had worried old Doc Green for months to give me salient points, and in addition had crammed my head full of statistics concerning the various lengths and depths of the rivers in farther India, the height and average humidity of several mountains with unpronounceable names in Siberia, and answers to other such practical questions as are usually propounded in civil service examinations to applicants for positions as drivers of mail wagons, or porters in the custom house. Of course I didn't kick. I had the usual veneration for the die-ploma, and the easier it was to be got the less anxiety for me."

DR. SCHNEIDER is undoubtedly right when he says in his own graphic and forceful way—which I don't pretend to quote from memory—that the responsibility for the medical matriculate's education should rest with the preceptor, who should see to it that no one is enrolled in his office as student, who does not come possessed of the necessary ability, and who is not properly prepared in the elementary branches of common school education—Dr. Schneider puts it stronger than that—he insists on an academic course.

Talking about preceptors, let me say as one who hadn't otter, that I have sent four students to your school, and they have all stood well in the examination; and not a single one of these has ever paid me one penny; this was at my request. I have done this because they were all undoubted men of ability, and who, with proper encouragement at

the start, were destined to make honorable members of our craft, and the profession hasn't any too many of these. And you well know that brains and money are not always yoke-fellows. Had these boys been unworthy or incompetent, I could not have been bought for ten dollars a month, as one man was whom I know, to give the use of my library, my instruction and time, and then use the student as my bill collector, not paying even his street-car fares—thus saving me all the bother of that necessary but unpleasant part of our business, as well as saving the five per cent. for collections which I now pay to a regular collector." After a few moments' silence, in which Dr. Gus busied himself about the stove, he said : " Before we close the discussion I want to impress on you that I am not throwing dirt at any particular one of our colleges. Colleges are a necessity. It certainly adds to our importance with the public, and takes the lie out of the mouth of the old school, to find our colleges, dispensaries and hospitals springing up all over the land; but we must do better by the boys themselves. It is an outrage and a burning shame to turn out on the world men and women who have not even an ordinary education, much less a classical one ; who do not know the difference between H_2O and *pons asinorum*. You see I don't put it on the old and hackneyed ground of the public good ; I put it on the broad ground that the student himself demands it, or will demand it before his graduating pants have become baggy in the knees, and the blue has faded out of the ribbon which encircles his prize thesis. Now, we will take up the Urinary Symptoms of Cantharis, which as you know is very rich in clinical memoranda. This lecture of Cowperthwaite's on Cantharis cut out of the *Medical Era* and pasted in my Hering, is very excellent and to the point ; in fact, that is a peculiarity of Cowperthwaite's to make a point and then fasten it ; he doesn't interlard and mar his lectures with miraculous cures such as are pretended to have been made by so many of the lecturers of to-day.

PHTHISIS PULMONALIS.

B. F. Underwood, M. D.

THE great advance which has been made in the science of medicine during the past few decades ; the brilliant achievements of modern surgery ; the patient researches into the laws of physiology, pathology and etiology, which have illumined so many of the obscure problems of life and mind ; all, but serve to throw into a deeper shadow the impotence of medical art when confronted with the graver diseases, which are nearly as fatal to-day as they were in the last century. Chief among these grave disorders, which defy the best skill of the physician is phthisis, which more cruel than "the pestilence that walketh in the darkness," more potent than the "destruction that wasteth at mid-day," still retains its evil pre-eminence as the scourge of mankind ; for while

the former may boast its thousands slain and the latter its tens of thousands, consumption counts its victims by the hundreds of thousands ; and this too in spite of the fact revealed alike by the scalpel of the pathologist and the teachings of the clinic, that consumption is not *per se* a fatal disease.

Upon the pathology or the etiology of the disease it is necessary to dwell but briefly, and that only in connection with the influence they exert upon the treatment. The pathological changes in consumption may be concisely stated as "progressive consolidation and decay of the lungs with progressive wasting of the body" (Powell). The result of the deposit in the lungs "of imperfectly elaborated material constituting imperfectly formed cells, granules, more or less amorphous matter, accompanied by certain inorganic material which appears to be incapable of disintegration and elimination as excretory matter on the one hand and equally incapable of being added to any of the normal tissues of the body so as to form natural repair or growth on the other" (Davis). In other words, the pulmonary lesion is the finale of a series of abnormal assimilative changes induced by a constitutional condition, the tubercular diathesis, which may be hereditary or acquired. This diathesis is almost universally admitted to be a consequence of civilized life, an outcome of the unwholesome environment in which the great mass of those who people our large cities are placed. It is most apparent in the great centers of population where the surroundings are of the most deleterious character, where the massing of a large number of persons into small areas, with the consequent contamination of the air, insufficient and unwholesome food, unhealthy employments and trades, excessive physical and mental strain, the depressing effects of poverty, lower the vitality and open the way for disease. Overcrowding and bad hygiene are the principal factors in the production of phthisis.

The causes of phthisis may therefore be said to be, first, the hereditary predisposition, the constitutional taint which modifies the bodily tissues and structure ; and secondly, a continuance of the same conditions which give rise to the systemic modification, the climatic, imperfect hygienic, etc., conditions, disease of the respiratory tract, or any organic disorder which may become the agent which sets the train of morbid metamorphosis in motion.

As a rule the root of the disease lies generations back of its development, for although, strictly speaking, it may not be true to say that the disease is inherited, there is nevertheless transmitted from generation to generation in those having the predisposition to the disease a dyscrasia that modifies the entire structure of the individual, impressing itself so strongly that he who runs may read the signs that mark the tubercular diathesis. "It is linked with disease of the glands and serous membranes in childhood. We find the hidden taint showing

itself in disease of the mesenteric glands, pot belly or tabes mesenterica; and in tubercular meningitis, otherwise acute hydrocephalus. As years advance we find the tendency to disease in these areas give way to strumous enlargements of the glands of the neck, and disease in the lungs. Scrofulosis and tuberculosis are as nearly related as twins and do not merely have the same parentage" (Fothergill).

The primary reason for the failure of therapeutics in consumption is the misconception of the nature of the disease, a misconception not discreditable to the cruder medical thought of an early day, but which has come down to the present time, a survival not of the fittest, and dominates medical practice; consumption being still regarded as a local pulmonary lesion; the great fact that the pulmonary disorder is but the local expression of a general widespread and constitution condition, being persistently ignored or denied. From time immemorial or as legal phraseology runs, from the time when the memory of man runneth not to the contrary thereof, it has been the custom, based upon this erroneous idea, to seek for a specific remedy for the disease, a quest as vain as that of the alchemists of old for the philosopher's stone that was to transmute the baser metals into gold. A quest which has been fraught with woe to the unfortunate victim of the disease, for while medicine was floundering in pursuit of this ignis fatuus through the marshes of empiricism, the disease was allowed to pursue its ravages unchecked, and he was deprived of all chance of rational treatment. The recoveries from the disease which occasionally happened were rather in spite of, than as a result of treatment.

The discovery by Koch, in 1882, of the bacillus tuberculosis set floating a still more brilliant jack o' lantern, and by awakening anew the hope of finding in a parasiticide the long sought specific which would vanish the bacillus and thus end the disease, gave a new and strong impulse in the wrong direction. Antiseptics and antiseptic treatment are no improvement upon the methods of the past, and in practice have been monotonous failures. But still the quest goes on. Undismayed by one failure to reach solid ground, another will-of-the-wisp is hopefully followed, and another certain cure is unhesitatingly set wandering, to shed for a brief time its fitful gleam across the gloom, and then to vanish, leaving a deeper darkness than before. The latest failure, the injection of hydrogen sulphide, has hardly been pronounced when it is gravely proposed to cure consumption by compelling the unfortunate patient to inhale the vapor of burning sulphur at the imminent risk of strangulation. A treatment much better adapted to the denizens of that lower world, unmentionable to ears polite, than to common mortals. For this, the newest new cure, there are reported as many and as marvelous cures as its predecessors could boast. Reports which were evidently

"Woven from the unsubstantial fabric of which dreams are made."

That the bacillus tuberculosis is the cause of the disease or anything more than an incident in its course is still an unsettled question. The evidence relied on in proof of this being the cause is far from satisfactory, being neither adequate nor conclusive. Upon this point, Powell (Diseases of the Lungs and Pleura) says: "The result of the inoculations made with dry bacillus culture by Koch and many others with the most minute precautions, have with much reason been accepted as proving the organism to be *per se* the virus of tubercle. These results have not altogether escaped challenge, however, and another yet possible fallacy is indicated by the fate of the very analogous cultivation experiments of Sattler with the jequirity bacillus. Dr. Sattler observed that in an infusion of the seeds of the abrus precatorius or jequirity plant—which when applied to the eye produces severe conjunctivitis—after a certain time bacilli appeared, which after cultivation on meat-serum, gelatine, etc., for many generations would produce in a rabbit severe ophthalmia, yielding secretions containing the bacillus. Klein confirmed these experiments in every particular, but he observed further that if the infusion of jequirity containing the specific bacilli were heated to the boiling point for half or one minute, the bacilli were not killed, but could be cultivated on meat jelly as before. This short process of boiling had, however, rendered the jequirity infusion inert, and the bacilli, although their vitality was unimpaired, had lost their virulent properties. It was obvious that a portion of chemical poison from jequirity adhered to the organisms of Sattler's dry culture experiments.

* * * In the recent discussion on Dr. Kidd's paper, Dr. Creighton expressed himself as not entirely satisfied that dry culture experiments were free from fallacy of this kind.

"It cannot, then, be said that the position of the tubercle-bacillus with regard to the etiology of phthisis is as yet established."

It may also be stated that in caseous and catarrhal pneumonic consolidations of the lungs, excepting in the immediate neighborhood of cavities, large or minute, bacilli are sparse and rather difficult to find, large fields of sections may be traversed without discovering them; yet this material is virulent in producing tubercle when inoculated.

It has also been shown that, while in animals affected with tuberculosis the bacilli are always present in considerable numbers, yet they are smaller than those found in human tubercle; and that in the typical early stage of tuberculosis of the liver and lungs the bacillus may be absent.

Fortunately the question as to whether the bacillus is the cause of the disease or only an incident of its course, has no bearing upon its treatment, and may be safely ignored. It having been pretty definitely determined that treatment by parasitocides is a complete failure; all

remedies capable of destroying the bacilli being equally potent for the destruction of the patient.

Of the methods of treatment which are just now in vogue, and which are directed against the local manifestations of the disease instead of the constitutional condition which lies back of it, there are none which possess any power of arresting the course of the disease or that in any sense can be claimed as curative. The most prominent are the inhalation of compressed air, of oxygen, of nitrous oxide, of disinfectants or parasiticides, electricity, and diet cures.

The treatment by compressed air is largely mechanical, and under certain conditions may be useful to a limited extent. As a mechanical agent it is capable of lessening hyperæmia in situations accessible to direct pressure, and as a consequence of this it lessens hypersecretion and also promotes the resorption of inflammatory exudations. It also tends to expand the pulmonary air vesicles, increasing the vital capacity, and may be used to restore the permeability of air tubes occluded by exudation or otherwise. It is also claimed that it causes an increase in the amount of the oxygen taken up in the lungs, and a consequence, improved condition of the blood. But deficient aeration of the blood is one of the rarest difficulties in consumption, the increased vital capacity of the healthy lung tissue compensating for the loss of aerating surface in the diseased portion.

By the use of compressed air in consumption a compressing force is exerted upon the congested pulmonary vessels, the pressing of the blood away from the lungs lessening the hyperæmia and tumefaction and diminishing the catarrhal secretion. It is contra-indicated in the presence of large cavities, as the force exerted is liable to produce injury to the walls of the cavity, and when there is weakness of the heart. In fact, it can only be said to be useful in the very first stages of the disease, when there is rather a tendency to tuberculosis than any tangible change of structure.

Nor does the inhalation of oxygen or of nitrous oxide produce any more favorable results than the compressed air. The principal effect noted is that of a slight stimulation due to the slightly increased oxydation of the blood. Its remedial effects are limited to cases of incipient disease attended with indigestion, emaciation and weakness, without marked structural change in the lungs. Its influence upon the blood is but slight, as that fluid is capable of absorbing but a limited amount of the gas, which limit is attained in the presence of a full supply of atmospheric air.

Considerable success has also been claimed to have attended the use of electricity in the treatment of the disease, but the data are not sufficient to substantiate the claim, and it cannot be said to offer much

hope. Its value will be found in its use as an adjunct to systemic treatment and in the early stages of the disease.

Diet cures, treatment by certain special articles of diet, such as milk, whey, koumiss, etc., are no more successful than those already enumerated. The use of any of these articles may be more or less beneficial as adjuvants to other treatment, but alone, none of them are sufficient to correct the fault of assimilation, the root of the disease.

The inhalation of the various drugs, vapors, etc., are all based upon the local idea of the disease, and are of no avail in preventing or checking the usual course of the malady.

Consumption has been cured, but only when the treatment has been adapted to the individual and the circumstances and symptoms which the case presented, and has been mainly hygienic, dietetic and tonic.

Hygienically, by the correction as far as possible of all that tends to promote the occurrence or continuance of the disease, such as overcrowding, insufficient nourishment and improper food, excessive labor, impure air, unhealthy business occupations, etc., which are all potent factors in inducing the disease. In the incipient stage of the malady, an outdoor life should be followed; in the latter stages, exercise should be had in accordance with the patient's strength and condition. In the active state of the disease with feverish condition, elevation of temperature, quick pulse and hurried breathing, complete muscular rest is indicated as motion and exertion will intensify the symptoms; while the air should, of course, be the purest attainable. When confinement to the house is necessary, arrangements should be made to secure by thorough ventilation, without draughts, a full supply of fresh air; and in general the patient should be under such influences and amid such surroundings as will invigorate the constitution and tend to the extinction of the morbid tendency.

Dietetically, the same facts are to be borne in mind and the food adapted to sustain and build up the patient. It may be accepted as an axiom that so long as food can be taken and assimilated, so long is there hope of a favorable issue to the disease. While the dietary should be framed on a liberal scale, as a general rule the food should be given in small quantities and at frequent intervals, the amount of food taken being better divided into frequent small meals than concentrated into two or three large ones. The manner of serving should be dainty enough to stimulate a capricious appetite and prevent cloying and disgust, and is of, at least, equal importance with the quantity and preparation of the food.

Among the aliments which take first rank in the treatment of tuberculosis are the flesh foods, of which beef stands at the head. An exclu-

sive diet of beef prepared in such a manner as to obtain the nutriment and at the same time to increase its digestibility, in combination with hot water as a cleansing and stimulating appliance to the digestive tract has been attended with very favorable results. It is not necessary, however, to confine the invalid to such an exclusive diet, and the beef while holding first place may be judiciously alternated with mutton, poultry, game or fish, it being borne in mind that in their preparation the three culinary B's must have place. That is, that they may be broiled, boiled or baked; but never fried. At times it may be necessary to resort to a prepared food, when the Beef Peptonoids will do excellent service.

Next to meat in value may be ranked milk, which, it goes without saying, should be the richest, purest article obtainable, and of this, from two to four pints a day would be a fair allowance. Vegetables, particularly celery, lettuce, spinach may be freely eaten, while the starchy and albuminous foods should be avoided.

In this disease, alcohol is to be regarded as a food and its use prescribed accordingly. While the rationale of its action in these cases has not been satisfactorily explained the benefit resulting from its administration has been too often proven to be successfully gainsaid. Combined with milk, as in a milk punch or egg nog, a tablespoonful of brandy or whiskey may be taken night and morning, and with a glass of wine at dinner will usually be sufficient. In some cases the malt liquors will be preferred and prove efficacious. But after all is said the literal arrangement of a diet table must be left to the individual case, although the following may serve as an example.

The fast may be broken in the morning by a cup of milk with a little brandy, whisky or rum, and a taste of sugar and nutmeg for flavoring.

This may be taken at seven o'clock, or earlier, and will induce an appetite for the breakfast, which should be light and nutritious, as milk with tea or coffee, a few sandwiches, a small fish or a bird, or a small slice of broiled ham, or some similar dish. At 11 o'clock may be taken what Fothergill speaks of as an interlude, a glass of milk or of koumiss or a glass of wine and a cracker or a cup of broth or beef tea. The substantial meal of the day should be taken about 1 o'clock and may consist of meat, poultry or fish, with vegetables, a light pudding or fruit, and a glass of wine, if desired. At 4 o'clock again another light meal may be taken, a glass of milk or koumiss or a cup of broth, or a spoonful of Reed and Carnrick's Soluble Food, or of Maltine, or Lactated Food will afford sufficient scope for variety. At 6 o'clock, another substantial meal will be in place, with meat or poultry, bread and butter, or as it has been more forcibly put, butter and bread, with coffee or tea, and finally at night on going to bed, a cup of some of the prepared foods,

as Mellin's or Nestle's Food, or a glass of milk punch or egg nog may be taken if preferred.

Fat, in some shape, as is well known, is almost indispensable in the treatment of the disease, "The absence of fat (somehow or other)," says Fothergill, "leads to a dyscrasia which favors the production of tubercular growths. Even when tubercle has developed and softened cod liver oil has snatched many a patient from the grave—yawning before him or her. If fat can be taken in sufficient quantities, healthy tissue can be built up around the diseased area, and the ravages of the invader arrested." Milk and cream will be found in many cases preferable to the cod liver oil, and better tolerated by a delicate stomach. According to Loomis, the diet for patients under thirty should be largely hydrocarbons, for those over forty, albuminous.

Therapeutically ; the remedy should be carefully selected, and once chosen should not be capriciously changed, improvement under the most favorable circumstances is slow, and the medicine should be allowed to expend its force before another is chosen. Hope of a favorable issue should not be abandoned while nutrition can be maintained.

In conclusion, the points which may be emphasized are:

I.—That consumption is curable.

II.—That the bacillus tuberculosis is, so far as treatment is concerned, of no particular importance.

III.—That treatment based upon disinfectants, parasiticides, or local applications is a failure.

IV.—That phthisis is a general constitutional disorder and not a local disease.

V.—That treatment to be successful must be general, hygienic, dietetic and symptomatic.

575 Classon Av., BROOKLYN, N. Y.

TWO DISSIMILAR DISEASES.

W. Irving Thayer, M.D.

BY dissimilar diseases we are led to believe diseases that are considerably unlike each other. Unlike in their totality of symptoms Fever may be common to both ; rigors, at some stage, may have been present in each case. But to make two diseases dissimilar, a good and distinct type would be, an inflammation of the skin and a neurosis of the posterior branch of the spinal cord, and alternating irritation of the

great sympathetic : which, according to Lord, constitutes a well marked case of malarial fever.

In the fifth American edition of the "Organon," on page 80, par. 38, Hahnemann says : "*Thus whenever two dissimilar diseases meet in the body, the stronger one always suspends the weaker* (provided they do not combine, which seldom happens in acute forms) ; *but they never cure each other.*"

We do not doubt that in acute forms diseases do not "cure each other," but we do doubt from recent *personal* experience, that "*the stronger one always suspends the other.*"

On the 9th of April, 1888, the writer noticed a very small red blotch on the right cheek about an inch below the eye and near the nose. This was about 8:30 A. M.; by 10 o'clock the swelling and redness had passed over the bridge of the nose and began to invade the left cheek. Temperature normal and general health good, as it *had been* for years before. Becoming somewhat alarmed at the rapid development of this blush, bell. 3d, in solution—water—was taken every hour. (In 1863 we had a very severe attack of erysipelas which came very near destroying life.) Topical applications of iodine were used to limit the spread of the inflammation, which seemed to accomplish the object. Temp. 98.75°. Good night's rest. Tuesday. Spread of the erysipelas towards right ear. Wednesday. Right ear considerably swollen and very tender. Began to feel deep bone pains—eupatorium perf. symptoms—and fever lasting but *one and half hours* of 102.25° up to 9 P. M. Gave aconite and also bell. Good night's rest and good appetite. Bowels quite loose from eating oatmeal.

Thursday morning felt quite well, and continued, although the erysipelas had distorted both eyes and right ear. Appetite good ; day temperature 98.75°. At 4 P. M. began to feel cold, chills creeping up the back and couldn't get warm. Less relish for oatmeal and milk for supper. Cold, chilly. Back and legs ached severely. Aconite every half hour. I now had commenced to enjoy well marked malarial symptoms *during* the height of my erysipelas, and here I would remark that acon. in *any dilution* in any stage of malaria is of no more value than a decoction of brick dust. But I had a fool for a patient, and treated the said patient very foolishly. Pulsatilla was the remedy.

At 8 P. M. began to get warm and found temperature to be 103.50°. Not much doubt at this point about my having a distinct, plain, and well marked attack of chills and fever,—bone pains—while at the same time the erysipelas had not "suspended the weaker," nor had the malaria "suspended" the erysipelas. Both enjoying themselves hugely, the one on the skin and cellular tissue of the face and head, the other running riot upon the posterior branch of my spinal cord and vibrating in melodious rhythm certain fibres of the Great Sympathetic, while the

writer had to meekly submit and look on as best he could out of distorted eyes.

The writer is naturally very dull of comprehension, but when he realized that he had a dual disease to contend with, he awoke to the importance of attacking the malaria. Since the greatest amount of symptoms seem to develop *during* the cold stage, it showed that the chief seat of the malarial miasm was in the *posterior branch* of the *spinal cord*, and to this location remedies were addressed.

In twenty-four hours pul. 3d in water, every hour, completely cured all bone pains and trace of malaria.

Friday evening, temperature 99°; slept well; no bone pains; no fever; no chills; good appetite.

By this time the erysipelas had spread so far as to involve the left ear, which was severely swollen, also the integuments on forehead and top of cranium, showing that while well-defined and marked malarial symptoms were painfully present, the erysipelas made steady advances. At the end of 10 days the erysipelas was cured by bell.

Possibly, the exception may prove Hahnemann's observation to be usually correct; yet, nevertheless, we experienced in our own frail organism, that we *did* have at *one* and the *same time*, *two* dissimilar diseases in which neither one nor the other did "suspend" either disease, but, per contra, each did run rampart and did *not* "combine," but maintained its own individuality.

As a posterior spinal irritant, puls. is an exceedingly valuable drug. Furthermore, it seems to have the ability to reach over and cover the irritation of the Great Sympathetic, which has the distinguished honor of presiding over the heat symptoms.

Spinal irritants for the cold stage of malaria are nux vomica, ignatia, rhus, eupatorium perf., veratrum, PULSATILLA.

Sympathetic irritants for the fever stages are arsenicum, ipecac, natrum mur., cina, chamomilla, colocynth, PULSATILLA.

Both spinal and sympathetic irritants are arsenicum, natrum mur., pulsatilla, eupatorium perf.

89 So. Portland Ave., BROOKLYN, N. Y.

SOCIETY MEETINGS---OHIO.

THE twenty-fourth annual session of the Homœopathic Medical Society of Ohio was held at Delaware, Ohio, Tuesday and Wednesday, May 8 and 9, with a very creditable attendance. The weather which had been threatening for some days preceding the meeting broke into frequent showers which did much not only to deter many from coming, but in dampening the ardor of those who braved the elements and attended. The President, Dr. N. Schneider, called

the society to order promptly and the business was taken up and despatched in brief but masterly fashion. Dr. Walton's report, as secretary, stated that twenty-one new members had been added during the year, that the society was flourishing, and deploring the fact that more of Ohio's physicians were not members—he having mailed 505 invitations to resident physicians. After prayer and a pleasant greeting from the Board of Trade through the Mayor, Dr. Pomeroy read the Treasurer's report detailing that there was

Cash on hand May 10, 1887	\$ 74 90
Receipts from all sources were.....	355 00
	<hr/>
	429 90
Expenditures	407 35
	<hr/>
Balance	\$22 55

Dr. Owens, on behalf of Legislation and Statistics, read several legislative bills and made an oral report of other progress for his bureau. Dr. Clemmer also read several legislative papers. The Board of Censors reported and recommended for membership Drs. Philip Porter, Frank Kraft, W. E. Deuel, W. A. Tims, Thos. M. Stewart, Mrs. E. B. Hartwell, Geo. E. Allen, Laura E. Brickley, O. A. Palmer. Dr. Claypool moved to lay on the table the request from the Georgia Medical Society for free importation of foreign instruments and books. So ordered. Dr. Gann moved that a committee be appointed to operate through the Legislative Committee asking for a State Board of Medical examiners. Dr. Eggleston's Bureau of Sanitary Science then opened with a paper by Dr. Beckwith. Dr. Hershberger's paper, Natural Gas a Sanitary Factory, was short but well received. One of the papers of the day which attracted much attention in the reading and was greeted with frequent applause, was that of Dr. J. W. Clemmer, entitled Essential Elements of Sanitary Reform. A very learned paper was that of Dr. Eggleston's—The Relations of Meteorology and Morbidity. Quite a number of members engaged in the ensuing discussion, the prevailing opinion being that nineteen-twentieths of all our diseases arise from meteorological and telluric influences. The Materia Medica Bureau was then entered upon, Dr. H. C. Allen premising that the work was still in its infancy, and that efforts were making to bring about the greatest success in a short time. He had a fragmentary proving of magnesia phos. and another on cactus grand., both of which were read and listened to with marked interest and attention. This bureau, as already intimated, is of recent growth, but if properly encouraged will prove a power for good. The society at times exhibited a disposition to criticise somewhat harshly the provings adduced, but there was a very apparent desire to hold to the truth and reject what was banteringly referred to as "moonshine." Dr. Cleveland was pained to announce that owing to personal affliction and other unavoidable causes he had been unable to prepare his paper. A number of credentials were read from representatives of other bodies, Dr. Warren alone presenting a report. The Bureau of Insanity being called, Dr. H. E. Beebe was made chairman *pro tem*. Dr. J. D. Buck's paper—Nerve Impression—was read by title and referred. A recess was now taken till evening.

FIRST DAY—EVENING SESSION.

The first paper of the evening, was that by Dr. Eggleston—Insanity in the Light of the Law of Continuity. This was followed by Dr. Barnes' Views of Insanity. Dr. Beebe closed the Bureau with the Diagnosis of Inter-Cranial Lesions, adducing a number of clinical cases in support of his position, all of which were instructive and well prepared and created a marked impression on the audience. His reference to a brother physician well known to many present, and who was now irreparably suffering with a brain lesion, was pathetic and painfully interesting. Dr. Orpha D. Baldwin, chairman of the Bureau of Gynæcology, presented Dr. Albert Claypool as the first essayist, and that popular gentleman sought to ingratiate himself still more deeply with the fair sex by That Corset which he sought to show was not harmful when properly used. He was, however, severely handled by some of the gentler sex, and, of course, also by the males. He frankly avowed that his main purpose was to draw out a discussion—and we think he succeeded. Dr. Walton begged to read his paper on Vaginal Hysterectomy, by title, which was permitted, he substituting a practical illustration of his operation introducing and explaining what he facetiously termed his "Flat-Iron Speculum." Drs. Phil. Porter and Biggar also related instances of similar operations. Dr. Flora Waddell, deeming the discussion of sufficient length, moved that inasmuch as her sex had been so eloquently discussed and at such length, that the President be now invited to present his address. Dr. Schneider then read a masterly paper filled with excellent suggestions—principal among which were recommendations for a systematic organization of our school in the State; some advanced views on the ever-vexing problem of eliminating the rubbish from our materia medica; a demand that medical education shall be put on the basis of the requirements of a literary education—a rigid examination before matriculation; and a plea that the members of this profession emulate the labors of the theologian and solicit endowments for our colleges, thus rendering it feasible to procure the very best of talent and opportunity for our students. The address being referred to the appropriate committee and the auditing committee having made its report, the meeting then adjourned.

SECOND DAY—MORNING SESSION.

Upon re-assembling the Bureau of Clinical Medicine was called and its chairman, Dr. Wells, introduced Dr. Flora A. Waddell, who presented Verifications of Symptoms Continued. The paper was well prepared as to its matter and well read. Dr. J. C. Fahnestock of Piqua read Two Cases of Epilepsy. At the conclusion the Doctor was complimented on his good paper and equally good reading. Drs. Barnes, Palmer, and H. C. Allen participated in the discussion which was continued for some time, Dr. Fahnestock closing. A Lesson from Failure was then read by the chairman, reciting a number of cases in which notwithstanding all proper remedial measures the patients died. The necrologist was this year without employment—no vacancy having been made by the Grim Reaper. On behalf of the Bureau of Surgery Dr. Warren presented a paper on An Invalid Bed. An interesting account of A Self-inflicted Case of Tracheotomy was presented by Dr. T. C. Martin, consisting, briefly stated, of an attempt at suicide of a convict at the penitentiary by cutting his throat. Dr. C. D. Crank was the first essay-

ist for Pædology, his paper being On The Etiology of Infantile Summer Diarrhœa. The paper was in Prof. Crank's usually forcible style and was rewarded by criticism. Dr. Frances J. Derby followed with Prophylaxis of Morbid Conditions during Dentition. Why Does the Baby Cry? was the rather unique title of Chairman Gann's paper, a number of reasons being assigned, all of them cogent and tersely stated. Dr. Wm. Webster read Material Impressions on the Child in Utero. Dr. Palmer read Orbital Cellulitis, and was followed by Dr. E. G. Rust with a volunteer paper on Ex-Ophthalmic Goitre. Dr. Tipple's paper was read by title and referred. Dr. McDermott, one of the most genial of gentlemen, instructed the audience for a few moments on Injuries of the Cornea. The committee on President's address reported, urging the appointment of a committee of five to look to the organization of the state in two districts for more effective homœopathic work. The Board of Censors made a final report by recommending the election of Drs. Rogers and Brenizer. The resignations of Drs. Tennis and Boynton being presented were accepted.

The following officers were then elected :

C. E. Walton, M.D., President ; C. L. Cleveland, M.D., 1st Vice-President ; Frances J. Derby, M.D., 2d Vice-President ; Frank Kraft, M.D., Secretary ; C. D. Crank, M.D., Assistant Secretary ; H. Pomeroy, M. D., Treasurer.

Board of Censors, H. E. Beebe, M. D., Chairman ; J. H. Wilson, M. D., J. D. Buck, M. D., Wm. Owens, M.D., R. N. Warren, M.D., E. R. Eggleston, M.D., Flora A. Waddell, M.D.

The society then adjourned to meet in Cincinnati on the second Tuesday in May, 1889.

ANNUAL ADDRESS OF N. SCHNEIDER, M.D., CLEVELAND, OHIO, PRESIDENT OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

Another year in its majestic march has brought us together again, and in this beautiful city, under the shadow of her great University, among her learned men and intelligent citizens, we come to discuss our failures and successes, to learn of the advances and improvements in medical science, that we may become better physicians to the sick, and better qualified to alleviate the sufferings of our humanity. While we counsel together, listen to and discuss the various papers which may be presented, we also expect to enjoy those social pleasures which bind us together in bonds of brotherhood, make our work harmonious, and forbid personalities in discussion. To say that I am proud of the honor you have conferred upon me in electing me the presiding officer of this meeting, and that I thank you for such distinction, would be but to repeat what I said a year ago. In this address I will not attempt any scientific subject, leaving that to the various bureaux ; but beg leave to offer a few suggestions which I deem important to the welfare of this society and the profession of our whole country : hoping, should you deem them worthy of the consideration of this society, you will take some measures to make them operative.

SOCIETIES.

The first important subject for your consideration, is the systematic organization of our school in the State. True, we are to some extent

organized ; but it is not complete. The State should be divided into districts, and in each district should exist a thoroughly organized society in which every member of our school should be enrolled.

These societies should be auxiliary to the State Society, and work in harmony with it. United effort is the first element of success. In this way we can command the united force of our school in all things pertaining to the general welfare of the profession, such as medical education, our colleges, hospitals, and state and national legislation as far as they effect our general interests.

In union there is crystallization ; in disunion there is disintegration and disaster.

I would suggest a committee be appointed for this purpose.

MATERIA MEDICA.

The second question I would call your attention to, is *materia medica*. There is no subject within the whole field of Medical Science which so demands our earnest attention as that of *materia medica*. It should be, above all, our field of labor.

It is the distinctive work of our school ; and as this is perfected, so will our ability to cure the ills of humanity increase, and the truth of our therapeutic law be attested.

That our present *materia medica* is very imperfect, is a fact. Nearly every drug is burdened with symptoms foreign to it. It is loaded down with imaginary pains ; provings made with doses in which there is no possibility of drug presence, and so mixed up with clinical symptoms that they disgust the student and by their absurdities forbid investigation.

What we want and demand is scientific provings of the drugs we are daily using,—provings with toxic doses, that we may learn the pathogenesis, and know their physiological action. We want facts and not the vain imaginings of sick and unreliable persons. Until we have a *materia medica* based upon scientific provings, we will be disappointed in the power of drugs to cure disease.

Reconstruct the *Materia Medica* upon this basis, and it will be received by scientific men as the only way of ascertaining the therapeutic value of a drug, and the ensemble of the symptoms thus obtained will be the guiding principle in the administration of drugs in disease.

Then and not until then will we have a *Materia Medica* of which we may be proud ; and as scientific men, we need not be ashamed. Let me urge upon this society to assist in every possible way, in every commendable effort which may be made to bring about this desirable end.

MEDICAL EDUCATION.

The third question for your consideration is that of Medical Education. The subject demands the earnest attention of our society, and indeed of the whole profession. The time has passed when men and women who are unfit to pursue the study of medicine, should be allowed to enter the office of a preceptor, much less the halls of a medical college. To enter a literary college every student is required to pass a rigid entrance-examination. If he fails, he is obliged to farther prepare himself or give it up.

With the advance of science, the requisites of a good physician have increased. It is not enough to have some general knowledge, a com-

mon-school education ; but the student on beginning the study of medicine, should have at least a learning that would admit him to a literary college ; and the doctor should discriminate, should carefully inquire into the fitness, both as to education, and moral character, before he admits him into his office as a student. The preceptor should be the guardian to the door of the profession, admitting only such as are likely to be an honor to the profession, and while we guard the entrance, what shall we demand of our colleges ? Not that they strive to turn out the greatest number of doctors in the shortest time ; but that they admit only those who are properly vouched for, with credentials from some school whose grade of study would permit them to enter the best literary colleges of our land. Demand of them facilities and teachings which will induce the broadest and most thorough medical education.

While you ask this of the colleges they demand of you and your clientage an endowment, that they may employ the best teachers—scientific men—in their various departments ; that they may be equipped, not only with good lecture rooms and suitable apparatus, but also possess all the facilities for illustrating and pursuing the various departments taught. You endow literary colleges, and theological schools, They select for their teachers the ablest men the land affords, and pay them for it ; but our poor medical schools are obliged to struggle on in poverty, without sufficient apparatus to illustrate, without facilities for teaching, without money to pay a faculty, demanding of men who are overworked by the exacting duties incident to a busy practitioner's life, men who are obliged to sustain themselves and families by hard work, with minds robbed of their freshness by incessant toil and sleepless nights—I say you demand of them that they prepare men for this learned profession.

Is it more important that men be better educated in the theories of theology, than they who devote themselves to the science of medicine ?

Shall the education of men who have the physical welfare of our people in their hands, be less provided for ? Men who are expected to understand anatomy and physiology—that when tissues are diseased, or functions disturbed, they may be able to set them right ? Men who are expected to understand the science of sanitation, that our homes may be protected from fierce epidemics, and the portals of our country guarded from the destroying angel of pestilential disease ?

Should not every facility be given for their education ? And yet members of the theological profession, enter the homes of your wealthy clients, secure bequests for their seminaries, even while you are administering to their physical sufferings, alleviating their pains, and as far as possible, giving them a comfortable exit from this world, and perhaps, a happy entrance into the next. Would it not be well for us, as we love our profession, to wake up to the financial condition of our colleges. We have two worthy ones in this State, which are doing their best to educate the men who come to them.

Neither college has an endowment ; both depend upon the fees they get from the students to meet their financial demands ; and some of you ask smaller fees for your students, and search the country over for colleges which give cheaper lectures, and push them through in the shortest possible time. Let us endow *our* colleges,—it can be done. Give something yourselves. Ask that friend, whose ills you have cured,

whose life you may have saved, by whose bed-side you have watched and struggled to avert the fatal issue. Ask your friends for money to endow our colleges. Your cause is as worthy as the theologian's, be not backward, it is a glorious work. And, gentlemen, I have no doubt, if we work half as earnestly as our theological brethren do for their seminaries, you will see our old college at Cleveland, and our younger one at Cincinnati, liberally endowed; their lecture rooms spacious and comfortable; their laboratories equipped; their libraries filled with the best medical literature, and the various chairs so endowed, that the trustees will be able to secure the ablest and wisest instructors, and the clinical department enriched with larger and well-endowed hospital wards. Would it not be well for the Committee on Education to organize this work, and try what can be done?

It is a fact that the majority of the people, and especially the members of the old school of medicine, do not understand the true meaning of homœopathy. It is generally thought that homœopathy means small doses—that infinitesimalism is the distinctive feature of our school. It is not so.

Homœopathy designates the manner of the action of a drug upon disease—a relation between drug force and morbid force, which produces diseases in the human body. A remedy is said to be homœopathic when the symptoms correspond, or are similar to those we find in the sick. I mean that, when, by experiment upon the healthy body, a drug produces certain physiological symptoms, these symptoms indicate the therapeutic value of the drug; and as they correspond to the symptoms in disease, these symptoms are the index to their therapeutic application. On this rests the success of medicine; on this we base homœopathy as a science; on this Hahnemann formulated the law of cure; to this scientific truth we invite careful and persistent investigation.

If this is the law of cure, why not always successful in curing a curable disease?

If the law be in force, the conditions upon which it acts must be complied with. This is true of every law of nature. In the first place we must have a scientific proving of the drug. The prover must be one capable of recording the pathogenesis of a drug. One who understands anatomy, physiology and psychology; in other words, the person should be a scientist. The record must be true; not the vain imaginings of an ignorant, unhealthy person. In the second place, the doctor who prescribes should be able to read symptoms of disease and competent to compare them with the symptoms of the drug, and so skilled that he can differentiate in selecting the remedy. These are the two essential conditions. Comply with the conditions and a cure will follow. I believe that science has not failed to demonstrate the truth of the law in that it enables prevision. This prevision gave to Hahnemann the power in 1831 when cholera appeared in Europe, to predict the remedies, and camphor, copper and veratrum are the most potent and successful remedies for cholera to-day. These remedies were pointed out by Hahnemann before he had ever seen a case of cholera. To exercise this prevision we need but to know what symptoms the drug will produce in health, to know what symptoms it will cure in disease. The cause of this erroneous belief is, in a measure, due to certain theories which never have been, nor very likely ever will be,

capable of scientific demonstration. I refer to the theory of the spiritual action of drugs, or infinitesimalism. This theory, advanced by Hahnemann and his immediate followers, and believed in by a few to-day, has so attached itself to the great law of cure (and to a great extent so obscured it), that scientific inquiry into its truthfulness has in a measure been barred, and scientific men have been deterred from giving it that investigation which it demands. It has misled the people and given into the hands of its enemies the most powerful weapon. It bears upon its face so much that seems absurd, that I do not wonder that men who do not understand the real truth of homœopathy turn from it with ridicule and disgust.

That small doses had their beginning in homœopathy is true. I believe that experience and observation is fast demonstrating the fact, that the curative action of the drug is better attained in doses short of its physiological action; and the theory of small doses is deduced from the law of cure, but the corollary should not be so advanced as to give precedence to the law from which it is deduced, as some of our school have done, and thus made it a stumbling block to many who are seeking after the truth. We can readily understand how Hahnemann fell into this error. At this period massive doses were given in combinations and mixtures which contained large numbers of drugs; but when he gave a single drug corresponding to the disease in symptoms, the drug produced fearful aggravations. These doses made the well sick, and the sick, sicker. He saw that in order to ameliorate he must give smaller doses; and thus by his experiments, he was surprised how small a portion of a former dose of a drug, would produce a cure safely and quickly upon the sick. Thus, in the light of the great law of cure and the wonderful action of this comparatively small dose when given in accordance with the law, we do not wonder that he was filled with astonishment and delight and in his enthusiasm went beyond that which science thus far has not been able to demonstrate.

Now, gentlemen, before I close let me glance in retrospect at our school. The great principles upon which it is founded were hinted at by Hippocrates and Galen, and forty years before Hahnemann Van-Haller of Switzerland foreshadowed it in his *Pharmacopœia*; but in 1805 Hahnemann formulated the law of cure; since then, its course has been onward; and every decade has added new luster to its achievements. While old theories have been abandoned and new ones come and gone with every discovery in science, the law so announced by Hahnemann has not been changed; but as science becomes more perfect this law becomes more general,—more in accord, it needs no change,—it is nature's law. Like Galileo's, like Newton's, like Harvey's discoveries—like every scientific truth, it has met the tongue of slander and hatred. It has borne the scorn and ridicule of men—yet still it lives, the same unchangeable law. It is a fact that the more truth is combated, the brighter it grows. The harder the fight, the greater the conquest. Just think, less than a hundred years old, yet old as time; and we find it represented in every civilized land, in Europe, in Asia, in Africa, yes, in the islands of the sea.

This banner of truth is heading our column, and in our free America eight thousand are endeavoring to practice in accord with its precepts; and millions of clientele rise up and call it blessed. There is a glorious future. The seeds of truth have taken root. The text books of Ringer,

Bartholow, Philips and Brunton are full of therapeutic germs, nurtured by the sunlight of science as gathered from Hahnemann. Alas! as yet they fail to give him credit due. Ringer is where Hahnemann was nearly a hundred years ago. Empiricism is in the inexorable grasp of the law. The false must perish. The truth will live. I see the horizon is all aglow with approaching day. The darkness of Empiricism is fading. Poly—pharmacy is vanquished. Homœopathy is stripped of its errors. There will be no dogmas, no sects, no distinctive name, no regular, no homœopath; but all will be swallowed up in the grand triumph of truth—all content to march under one banner, upon whose folds are inscribed: *In certis unitas, in dubiis libertas, in omnibus caritas.*

THE AMERICAN INSTITUTE SESSION.

EDITOR AMERICAN HOMŒOPATHIST :—The American Institute session, as already announced in your journal, will be held at Niagara Falls, N. Y., beginning Monday evening, June 25, and closing Friday noon, June 29. The general sessions, the sectional meetings, and the meetings of committees will be held in the new Orpheus Park Theater, facing the State reservation, and contiguous to the large hotels. It is furnished with upholstered chairs, is well ventilated, and well lighted, by both day-light and gas-light.

Mr. A. H. Gluck, proprietor of the International Hotel, will entertain the physicians and their friends at the very moderate rate of three dollars per day. Carriages will be obtainable at reasonable and fixed rates. Admission to all points of interest will be without charge, the only exception being the "bridge-toll" of twenty-five cents for the round trip across either of the two suspension bridges to the Canada side.

The committee on railroad fares has secured concessions, under which those who pay full fares going, can obtain return tickets at one-third fare. But to secure this reduction the rules of the railway associations must be followed implicitly. These rules will be published in the Institute's annual circular. Any physician failing to receive the circular on or before June 5 can obtain a copy by addressing the undersigned. The Erie Railroad will run trains from New York with special cars attached, direct to the station at Niagara.

So far as is now known, about seventy papers will be presented at the session, embracing a great variety of medical and surgical topics, and sure to furnish subjects of special and absorbing interest to all who may attend.

A grand excursion to Fort Niagara, at the mouth of the river, has been arranged for Tuesday evening. The excursionists will enjoy a fine view of the falls, the gorge, the rapids, and the whirlpool, from open "observation-cars"—first by twilight and then by moonlight—and a steamboat ride, with a collation and music, on the quiet river below. This unique entertainment, so generously provided for the physicians and their friends, will be in harmony with the usual attractions of a visit to Niagara, which has given to it its world-wide reputation.

PEMBERTON DUDLEY, M.D., General Secretary,
S.W. corner Fifteenth and Master streets, Philadelphia.

BOOK REVIEWS.

FIFTY REASONS FOR BEING A HOMŒOPATH, given by J. COMPTON BURNETT, M.D., London. The Homœopathic Publishing Co., 1888. Pp. 175.

No cursory reading of this little bijou can adequately convey its value. It takes frequent readings to fully grasp its intrinsic worth. Its style is charming, its language pure, its logic unassailable, and its subject,—well, that's HOMŒOPATHIC. What greater commendation can we bestow. Briefly: the author was inveigled into being guest of a very genial M. P., at whose house he found as fellow-guest a young old school graduate—a nephew of the host. "Over the almonds and raisins I slowly became conscious that I had been really entrapped by mine host and patient into dining with him in order that said medical nephew and I might go over the various pathies together, the uncle being very anxious that his doctor-nephew should come out as a homœopath. . . . Precisely," said I, "the old, old story of abuse and slander of the absent, but no reason. Why, I could give fifty reasons for being a homœopath, that if not singly, at least collectively, would convince a stone." Out of this rash banter grew the book before us. It so came about that the reasons were given in letters, each letter being one reason, so that while the book may be read seriatim, it will not lose in value or be disjointed if opened at any part and read. The reasons consist of cures, and are couched in such language, medical and literary, as make them good reading to the skeptic in the profession as well as to the doubting Thomases in the ranks. We shall, from time to time, take the liberty of quoting from Dr. Burnett's Reasons, as it has been a long time since we found the reasons for being a homœopath, so forcibly and elegantly put. We heartily commend the book, and, were that practical, would deem it a wise procedure to publish it in cheaper form for general distribution. It would make more converts among the laity than all the finely drawn rhetorical figures which are usually written simply to convince the profession. This work is for the masses.

ODIUM MEDICUM AND HOMŒOPATHY. Reprinted from *The Times*. The Homœopathic Publishing Co., London. Boericke & Tafel, New York and Philadelphia. 1888. Pp. 126. 40c.

This collaboration, as has already been foreshadowed in former publications, consists of the entire correspondence between the old school and new school practitioners as it appeared in *The Times*, concerning the ousting from the Jubilee staff of Kenneth Millican for alleged professional irregularities in serving on a board with homœopaths. As is now well known to every American reader of the journals, Mr. Millican appealed to the courts, and was sustained by the lower ones, but on appeal was defeated on a technicality—in no wise touching the real merits of the case. However, *The Times* took up the quarrel and published the controversy (which is now collated and published in book form); at the conclusion, in a leader, the editor saying that Lord Grimthorpe, the contestant for the homœopaths, had "amply justified his main and original statement." With the "Thunderer" against them in England, and 11,000 practicing physicians in America, shall we soon hear the old lie revamped, that Homœopathy is rapidly dying out? It is so grand

a moral victory—this one over the old school practitioners—that we cannot repress the hope that this little book may be found on every American physician's desk, and not chained down, either, so if a patient should be sufficiently interested therein to take it, to let him have it. It is an excellent campaign document. The editorial work, by John H. Clarke, M. D., is well done.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY FOR THE USE OF STUDENTS IN MEDICINE. By R. A. WITTHAUS, A.M., M.D., etc., etc. Second edition. New York: William Wood & Co. 1888.

This is one of the Wood's Pocket Manuals so highly prized by the student. It might be called the Vest Pocket Edition from the compactness with which it is arranged typographically; and it is certainly a little bijou for quick reference in all matters pertaining to chemistry and toxicology. The work is prepared in the form of questions and answers, so that the student may quizz himself, or have himself quizzed day by day as he progresses in the work. For example, within the compass of twelve lines the entire process of making a match is described, and so in regard to other articles of every-day use. The instruction is brief and practical. An appendix gives the elements, their equivalents, measures and weights, and an alphabetical index.

THE LOMB PRIZE ESSAYS, now four in number, are as follows: "Healthy Homes and Foods for the Working Classes," by Victor C. Vaughan, M.D., Ph.D., Prof. Un. of Mich.; "The Sanitary Conditions and Necessities of School Houses and School Life," by D. F. Lincoln, M.D., Boston; "Disinfection and Individual Prophylaxis Against Infectious Diseases," by Geo. M. Sternberg, M.D., Major and Surgeon U. S. Army; "The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them," by Geo. H. Ireland, Springfield, Mass. Of these we deem the last named the most practical. But all are excellent and worthy of extensive circulation. These exceedingly valuable essays, written by authors of great ability, and selected, as the best out of many received in competition, by committees of award whose names alone guarantee the high character of the works, are being placed before the public at cost, through means that are being furnished the American Public Health Association; and it is earnestly desired that departments, organizations, societies, manufacturers, and individuals assist in distributing these essays as extensively as possible, for the good of all classes of society, especially the school children and the laboring classes.

DISEASES OF THE HEART. By ALONZO CLARK, M.D., LL.D., Emeritus Professor of the Principles and Practice of Medicine, etc., College of Physicians and Surgeons, New York. One octavo volume, 251 pp. Price, \$2.75. E. B. Treat, Publisher, 771 Broadway, New York.

"Few, if any, in the medical profession have attained to higher eminence as a skillful diagnostician. Filling for many years the chair of Professor of the Principles and Practice of Medicine in the College of Physicians and Surgeons, New York; and standing in the front rank, if not *the first* of consulting physicians in his specialty, he enjoyed unsurpassed opportunities from personal observation, original investigation

and familiarity with the literature of the subject, of becoming the ablest expert of his time.

"The volume cannot therefore fail of being of great value to practitioners, as it contains the results of a singularly calm and judicious mind of one who had long and pre-eminent experience, and whose ripened harvest of thought is gathered into this sheaf, which ought to find an honored place in the medical granary among other distinguished sheaves." [A criticism in which we heartily concur.—ED.]

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. PERKINS, Philadelphia: F. E. Boericke, Hahnemann Publishing House. 1888.

This unpretentious work gives the symptomatology, or as we might, perhaps, better express it, the symptoms relating to rheumatism, myalgia, etc., of one hundred and five remedies which experience has shown to be efficacious in these diseases. These symptoms are arranged under various anatomical headings, which we believe to be the poorest scheme that it ever entered into the mind of man to conceive, but the author of the present volume is not to blame for that. We approve of monographs on these particular subjects, life is short and we are duly grateful to those who shorten the labor of looking through the *materia medica* for the *similimum* by the compiling of such works as this. We find fault with Dr. Perkins because he has not given us more of the result of his twenty years experience in the treatment of these diseases; indicated in some way the comparative value of the remedy. As far as the matter is concerned that is not a subject for criticism, and we have no doubt that every practitioner will find the volume of value in finding the remedy in puzzling cases of this disease. A good repertory increases the usefulness of the book.

B. F. U.

OUR EXCHANGES.

—ELECTRICAL RESISTANCE AS A CLINICAL SIGN.—It has been observed that the resistance is greater in the anæsthetic regions of hysterical women than elsewhere, and this fact suggested the employment of the measure of resistance as a clinical sign. The curious increase of resistance on the affected side in hysterical anæsthesia changes with the latter when this is transferred to the other side. This fact gives the skin a secondary rôle in the production of the phenomenon. The method employed is to compare the indications of the galvanometer during a given period of time with the same number of cells. This resistance varies greatly in different maladies. It is noticeable in hysterical subjects even apart from anæsthesia; in spinal paralysis it is marked, while in exophthalmic goitre it is diminished. The explanation is probably that the best conductors of electricity in the body are its liquid constituents. When, therefore, the resistance is increased, we may infer that the proportion of liquids is diminished. In other words, it may, with certain reservations, be taken as a test of the vaso-motor condition of the parts.—Alfred S. Gubb, in the *London Medical Recorder*.

—The *Southern Journal of Homœopathy* in its "old-gold-and-banana" cover is at hand for April—therefore it has fulfilled its promise and caught up. Here's looking at yez, Brother Fisher! May you and your journal live long and prosper!

—With the May, 1888, number *The Hahnemannian Monthly* passes into the hands of Drs. Clarence Bartlett and Wm. B. Van Lennep. We shall miss Brother Dudley from the editorial tripod; but we know that his constantly increasing business, his college work, and his exacting duties as secretary of the Institute necessitated his withdrawal. Dr. Bartlett is well known to the homœopathic readers, as a clear and forceful writer; Dr. Van Lennep, likewise, is not a novice. We welcome you to the fold, brethren.

—ARSENIC.—A very peculiar action of arsenic is the production of a brown staining of the skin. I have had an epileptic under treatment now for two years with bromide of potassium. When he first commenced the use of the bromide it produced a very disfiguring acne; by combining it, however, with Fowler's solution this was in a great measure prevented. He, however, had not been taking the arsenic for any length of time before there appeared a brown staining of the skin, which was general, but more marked on the face and hands than elsewhere. The boy's mother was in a state of great alarm lest her child should turn into a "nigger." At the time I was not acquainted with the fact that arsenic may give rise to staining of the skin. On discontinuing the arsenic the staining slowly disappeared.

Arsenical staining is not permanent. It differs, therefore, from silver staining, which is permanent. The latter is due to the actual deposition of the metal in the tissues. The staining from arsenic, on the other hand, is simply pigmentary, and always disappears after the drug is given up.—*Canada Med. & Surg. Jour.*

—THE TYPHOID FEVER "DON'T'S."—Dr. W. C. Goodno, in the *Hahnemannian*.

—Don't forget the eruption at the close of the first week.

—Don't forget the enlarged spleen discoverable at the same time.

—Don't forget the great variety in the character of onset. It simulates other diseases.

—Don't lay too much stress upon the Wunderlich temperature range, and gurgling and tenderness in the right iliac fossa.

—Don't forget the frequency of bronchitis and its early development in some cases.

—Don't forget that out of twenty continued fevers in this region, nineteen are typhoid (excepting phthisis).

—Don't forget that other conditions do not "turn into typhoid"; that a typhoid fever is typhoid from its very beginning.

—Don't make too much of the bugbear malaria. Continued fevers of malarial origin are rare in this region.

—Don't depend on diarrhœa or be misled by cough.

GLOBULES.

—Apis has been a popular remedy for boils from time immemorial; the people have been in the habit of covering boils with honey in which a bee had perished.—*Wolf*.

—The Chinese inoculated for smallpox 100 B.C. Dr. Jenner made the first experiment in vaccination in May, 1796.

—"Nine fish-worms in a glass of beer drank before breakfast each morning for a week cured me of the janders [jaundice]," she said to the new doctor.

—Fæcal Impaction.—Ordinary brewer's yeast is highly recommended in fæcal impaction. It is injected into the rectum. It permeates and softens very fast, and makes rectal relief a simple and easy matter.—*So. Cal. Pract.*

—Hernia is not caused by a long mesentery, for in monkeys the mesentery is always long, yet hernia is extremely rare.—*So. Cal. Practitioner*. There it goes again! Another blow at the Darwinian origin of species.

—Drs. S. Mills Fowler and Clarence Willard Butler are joint authors of a little melo-dramatic comedy in two scenes, in the *Advance*. As usual in joint-authorship, whether in music or letters, one man furnishes all the brains.

—The German army is now being supplied with saccharine tablets. A grain of this substance will sweeten a cup of coffee, but it cannot altogether replace sugar, as it is not a food, being excreted through the urine unaltered.—*Exchange*.

—I have become satisfied by years of observation, that vaccine poison constitutes the most universal and most powerful generator of the typhus which is prevailing in our age, and which seems so unwilling to leave us.—*C. W. Wolf, M.D.* 1858.

—The American Institute of Homœopathy will convene its forty-first session and celebrate its forty-fourth anniversary, at the International Hotel, Niagara Falls, New York, commencing Monday evening, June 25, and closing Friday noon, June 29.

—The Bureau of Materia Medica of the Institute has chosen zincum metallicum for the bureau work this year. Let all practitioners help the cause by sending to Dr. A. R. Wright, Buffalo, as complete a record as possible of individual use of and success with zinc.

—REMOVING PARTICLES FROM THE EYE.—Make a loop by doubling a horse-hair; raise the lid of the eye in which is the foreign particle, slip the loop over it, and placing the lid in contact with the eyeball, withdraw the loop and the particle will be drawn out with it.—*Scientific American*.

—It is no part of my design to describe the action of drugs upon the tongue, but I will nevertheless insert a word as to opium. It is well known that opium makes the mouth dry. I have frequently given it experimentally to persons whose tongues have been clean, or nearly so, and moist. The effect has always been to coat the tongue, impair the appetite, and diminish the saliva. In one case the temperature rose from normal to 100°. Some of the coating may be due to the loss of appetite and of friction, but the diminution of saliva must also have importance attached to it, and falls in with what has been already said with regard to the relation of this secretion to the coat.—*W. L. Dickinson, in Brit. Med. Jour.*

—Congratulations to Dr. James A. Campbell, St. Louis. It's a boy.

—The Homœopathic Medical College of Missouri closed the session with sixteen graduates.

—Dr. A. B. Norton has removed to 152 West 34th Street, New York, in order to devote special attention to diseases of the eye and ear.

—Dr. Orpheus Everts, of College Hill, Ohio, in the *Lancet-Clinic*, presents an exceedingly interesting paper on "Asexualization as a penalty for crime and reformation of criminals."

—In the near future, however, in whose ante-chamber we are standing, we shall have recourse to the means, into which all *materia medica* is fated to resolve itself—*prevention*!—*M. A. Rust, M.D.*

—In all properly constituted right-handed men the right side of the head is the hotter, and the forehead is hotter than the back part of the head. Variations from the standard temperature reveal the presence of incipient paralysis and other brain diseases.

—TO MOP OUT A CHILD'S THROAT.—Twist a wad of absorbent cotton on the end of a stick, and let the mop be large and bushy; dip into the wash, and at the right moment press it one time against the back part of the child's throat. This is much better than camel-hair pencils, as the pressure squeezes the wash out of the mop and diffuses it upon every part of the inflamed surface, without a repetition of the process.

—The re-union of cut-off fingers is having a run through the old school journals. The *Advance* last spring published several instances; now the *Medical Standard* has this: A coal miner carrying a keg of beer while ascending a stone step slipped and fell; the sharp flange of the keg caught the right index finger amputating it. Two hours later the physician arrived. On a search being made the cut-off finger was found, and it and the injured hand were immersed in water as hot as could be borne. The cut-off portion was then united to the finger by six cat-gut sutures. It completely united by first intention in four weeks. At present writing, all that remains as a result of the injury is an oblique scar. Sensation and motion remain unimpaired.

Behold how grand an opportunity for a temperance homily! Possibly as the bad boy didn't die in the last chapter, the moral was not sufficiently binding.

—The following story is told of a "Dr." of the San Francisco Bohemian Club. He recently went to New York with Editor Hart of the "Argonaut." The two went to see Munkacsy's "Christ on Calvary," whereupon the following conversation ensued: "Josh, have you noticed that beautiful Mary Magdalen in the right hand of the portrait?" "H'm, h'm," the "Doctor" assented. "Well, Josh, have you noticed that she has red hair?" Again, h'm, h'm, indicated that "Josh" was not losing any points. "Now, Josh, do—you—see—that—centurion—that—member—of—a—committee—of—one—hundred—in—the—back—ground?" Still "h'm, h'm," for a reply. "Have—you—observed—Josh—that—he's—riding—a—white—horse?" This time Josh said as if with sudden inspiration, "Is—that—the—way—the—darned—story—started?"—*Med. Standard.*

—The doctor's wife never hears the door-bell during the night, although the noise is sufficient to rouse the wearied husband; but should a child in the nursery cry, then the mother, oblivious to all other sounds, hears at once the infant's voice.—*The Pacific Record*.

—A local female homœopathist at Chicago, in a lecture before the W. C. T. U., stated that tobacco causes utter depravity by a direct action on the sympathetic nerve of the heart, thus destroying human sympathy."—*Ev. Shades of Hahnemann and Bönninghausen*!

—It is a popular belief that physicians and surgeons are responsible for the origin and use of the horrid, disgusting and ridiculous remedies of past ages, and are censurable for the little advancement made by their professions during the past 5000 or 6000 years. The popular belief is not well grounded. During that long period the practice of medicine—if such it may be called—was firmly annexed to the priestly office that clothed it with all the miracles, mysteries and superstitions of religion, and interdicted the scientific study of surgery altogether; and it is *that* profession that merits the censure bestowed by public opinion on the physician and surgeon.—*H. C. Caldwell, in So. Jour. of Hom.*

—In Fever Nursing Dr. Wilson gives these instructions relative to conduct of scarlet fever cases. Ventilation must be complete. A sheet moistened with Platt's Chlorides, to which glycerine is added, should be hung at the inside of the door-way. A small washtub should be ready to receive all clothing, which is to be freely sprinkled with disinfectants and boiled before being handled. Soft rags must be used instead of handkerchiefs, and burned soon as soiled. Only necessary attendants should enter the sick room. I do not, as a rule, send other children away. They have generally been equally exposed under the same circumstances with the first patient, usually in close association with him until the appearance of the eruption. Should they have been infected, it is better that all cases of a family should be treated under one roof; if by chance they have escaped, they are still as safe at home as elsewhere. The patient's mouth, nose and throat should from the commencement of the illness, even in mild cases, be systematically and frequently cleansed by spraying with Listerine in proper dilution; for this purpose any of the numerous hand-ball atomizers sold in the shops may be selected.

OH-DON'T-LOGY.

Don'r fail to bring a good paper.

Don't fail to attend the Institute.

Don'r overlook your annual dues.

Don't let the pet alligators bite you.

Don't let the hackman pauperize you.

Don't forget to return after treading the soil of Canada.

Don't be drawn into a wrangle on the question of potency or dose.

Don't fail to vote for —— for president. He is sure to get there.

DON'T fail to bring your wife along : you may need a balance wheel.

DON'T neglect to count the baldheads and be surprised how few they are.

DON'T wear a claw-hammer coat and white kids except at the banquet.

DON'T forget that in unity is strength in homœopathy as well as other matters.

DON'T let it be charged any longer that the Institute is run by a ring. "Bust" the ring !

DON'T vote for any place of meeting for next year East of the Alleghany mountains.

DON'T absent yourself from the materia medica bureau. Remember *this* is homœopathy.

DON'T forget to carry home with you a distinct recollection of the roar of the Falls.

DON'T permit yourself to do or say anything that will widen the breach in the school.

DON'T fail to have short synopses of your papers ready and handy for the press reporter.

DON'T spend too much of your time in pleasure-seeking. Let us build up the Institute first.

DON'T omit extending a hearty welcome to ALL our homœopathic brethren—even those of the I. H. A.

DON'T wear your Institute badge on the outside of your coat, like a granger committee at a cattle show.

DON'T let any man or set of men control the proceedings. Come to the president's aid : otherwise he is powerless.

DON'T have yourself photographed with the Niagara Falls background, like a rural swain and his S'manthy Ann.

DON'T forget to vote against all measures restrictive in tendency, or subversive of the greatest tolerance in homœopathy.

DON'T go away from the Institute empty-handed ; if you have learned nothing, take a few pharmaceutical specimens anyway.

DON'T "b'ar down" too hard on the young man. Give him a chance. He was born that way and will eventually outgrow it.

DON'T fail to re-elect Kellogg. To miss his speech of acceptance, and view the masterly modesty of its deliverance, would make '88 a grievous mistake.

DON'T be disappointed and say in the bitterness of your heart that homœopathy is a delusion and a snare if the "banquet" proves to be a dish of ice cream and cakes.

DON'T have too much parliamentary sparring : remember the meeting is for the purpose of strengthening our profession, and not to confuse the temporary presiding officer with amendments.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY—THE ANNUAL ADDRESS
BY THE PRESIDENT.

A. C. Cropper Thewrite

LADIES AND GENTLEMEN:—The inexorable clock of time has tallied off the fleeting moments of another year, and again we are assembled for social converse, to recount the experiences of the past and from these to evolve material for the future advancement and prosperity of our loved profession.

The privilege of renewing old friendships and of forming new acquaintances afforded by our annual reunion is a great pleasure, and is also a veritable duty essential to professional success and prosperity. This fact is only recognized by those whose lives reach out beyond the narrow confines of the little world in which they daily move, and who realize that generous hearts and broad, enlightened minds are only cultivated by contact with others who like themselves are unselfishly devoting their lives to the good of suffering humanity, and who are continually aspiring to still higher aims and more noble purposes in their profession.

The joy of such a reunion might well be unalloyed ; but, unfortunately, the shadow of the great Destroyer each year darkens our threshold, and at the outset we are required to pause and pay a passing tribute to those whose familiar faces we will see no more, whose hands we will never again grasp at these reunions, whose voices will never more be heard in our discussions. Farewell to those

Against whose names the asterisk of death is set."

Their life-works of unselfish benevolence are ended, and they are at rest. How sweet the memory of the beloved physician who, though resting from his labors, his works follow him to comfort and bless his fellow-men. This is no sentiment, but a precious truth which should be enshrined in every heart, easing its burdens, gladdening its pathway through life, and finally opening to it the gates of immortality.

Those who will lie down in their last sleep the coming year none can tell. Then—

" So live, that when thy summons comes to join
Th' innumerable caravan that moves
To the pale realms of shade, where each shall take
His chamber in the silent halls of death,
Thou go not like the quarry-slave at night,

Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

The stern realities of the present now demand our attention and energies. All about us are the evidences of the utilitarian age of progress in which we live. The torch of science is illuminating the darkest corners of the earth, and bringing to light, and utilizing to our good, truths which have existed from Creation's earliest dawn, yet until now hidden from our view. The shadows of the mysterious and incomprehensible are fast disappearing, yet the revolutions in science continue with such startling rapidity, it would seem as if they had but just begun. As a recent author says: "In the pride of our hearts we forget how very young science is. We forget how new a power it is in the world, and how feeble and timid was its tender babyhood in the first two decades of the present century. Among the concrete sciences, astronomy, the eldest born, had advanced furthest when our age was still young. But geology had only just begun to emerge from the earliest plans of puerile hypothesis into the period of collection and collocation of fact. Biology, hardly yet known by any better or truer name than natural history, consisted mainly of a jumble of half-classified details. Psychology still wandered disconsolate in the misty domain of the abstract metaphysician. The sciences of man, of language, of society, of religion, had not even begun to exist. The antiquity of our race, the natural genesis of arts and knowledge, and the origin of articulate speech or of religious ideas were scarcely so much as debatable questions. Among sciences of the abstract-concrete class, physics, unilluminated by the clear light of correlation and conservation of energy, embraced a wide and ill-digested mass of separate and wholly unconnected departments. Light had little enough to do with heat, and nothing at all to do in any way with electricity, or sound, or motion, or magnetism. Chemistry still remained very much in the condition of Mrs. Jellyby's cupboard. Everywhere science was tentative and invertebrate, feeling its way on earth with hesitating steps, trying its wings in air with tremulous fear, in preparation for the broader excursions and wider flights of the last three adventurous decades."

Without stopping here to note the directions in which science has made its most wonderful advancements, and which are too familiar to the educated mind to require repetition, I will only ask, has the science of medicine, so-called, kept pace with the progress of the times? Perhaps this question can be no better answered than by glancing at the doings of the International Medical Congress—the most noted event in the medical history of the year. There were gathered together the greatest minds of the great medical profession which has assumed for itself the title of "regular," notwithstanding its notoriously irregular methods and practices—and which with pompous pride traces its pedigree back to Hippocrates, a pedigree as unique and canonical as the apostolic succession of the church of Rome. To such a gathering, which included distinguished representatives from nearly every civilized nation of the globe, may we fairly look for these evidences of progress which would indicate that the science of medicine is keeping pace with those which are in a measure auxiliary to it.

As we diligently search the record of proceedings of this remarkable

body we fail to find that which we seek. True, the evidences of progress in the domain of biology, physiology, pathology, and etiology are abundant, which, together with surgery and obstetrics, seem to be attaining a much grander degree of perfection. But these do not constitute the science of medicine. They may form the foundation, as it is claimed; but, even so, without the superstructure their building is in vain. Yet even this is not the case, for these sciences can not constitute the science of medicine unless built upon the broad and solid foundation of an unchanging and imperishable *Materia Medica* and *Therapeutics*. They are only to be likened to the house built upon the sand, which fell when the winds and waves beat against it—not because the house itself was not secure, but because it was built upon a false and ever-shifting foundation.

The records of the International Medical Congress are filled with the results of more or less valuable experiments and discoveries in the realms of the various sciences auxiliary to medicine; but medicine itself—that is, *Materia Medica* and *Therapeutics*, fills but a small niche in its literature. Thus it was a century ago, when Hahnemann first began to be dissatisfied with the then dominant therapeutics. As one of his followers said: “The progress in this direction was nothing but a simple to and fro motion. The auxiliary sciences, anatomy, physiology, chemistry, etc., made actual progress until they finally took rank as real sciences, leaving therapeutics and its attendant *materia medica* behind in the dark to scabble on as best they might.”

A century has not added wisdom to the dominant school of medicine, and the words written three-fourths of a century ago may be repeated with equal truthfulness to-day. *Materia Medica* and *Therapeutics*—the real essentials of medical science—are straggling along in the rear, vainly endeavoring to keep within sight of that which they should precede. The proceedings of the International Medical Congress show beyond contradiction that these men are still pursuing an ever-distant *ignis fatuus*, as did their fathers a century—yes, many centuries—ago. They are searching for the nature and causes of disease, with the supposition that, this once found, they may build upon it a system of therapeutics with fixed and immutable laws. How futile this search has been in the past, history teaches; how much may be expected from it in the future can only be judged by the history of the past.

The International Medical Congress practically accepted the theory of the bacterial origin of disease without opposition. That is the popular theory of to-day, but what will it be to-morrow? Alas, none can tell, but it may not be dangerous for me to predict, in a gathering of the supposed followers of Hahnemann, that, long before our old-school friends shall have formulated and adopted a successful system of therapeutics based upon this now popular theory, the theory itself will have been greatly modified and given the place in disease-etiology which time will have shown that it deserves.

From the evidences before us we are forced to conclude that, however great is the progress being made by the dominant school of medicine in the auxiliary sciences, that its therapeutics is still struggling along in the dark, guided only by the occasional gleams of light that pierce its solitude as they are reflected from the uprising sun of the law, *similia similibus curantur*, which is fast reaching its zenith, and must, sooner or later, shed its benignant rays upon even the darkest and most hidden spot in old school medicine.

What cares the homœopathist, from the standpoint of a therapist, as to the result of this constant search after the nature and causes of disease? As a scientist he is interested in acquiring all the knowledge possible; but while such investigations are going on he calmly pursues his way as a physician, and prescribes his medicines upon the same unchanging law of cure regardless as to whether micro-organisms are the cause or the result of the disease which he is treating. The words of Dr. Hayward before the British Homœopathic Congress in 1884 are worthy of repetition. After an exhaustive review of the germ theories and their relation to therapeutics, he closes in these words:

"How complete and perfect, then, and how simple withal, is the science of therapeutics under the rule of similars. The practical application of it may, indeed, often be unsuccessful, because it is in the hands of fallible human instruments; but the science itself is as perfect as the provisions of nature usually are. Pathology and diagnosis being imperfect, and frequently unable to interpret the true nature of disease, the treatment based on them frequently fails, and is disastrous; but by a faithful narration by the invalid of his sufferings to an observant and educated physician, and the selection of the true simile, a cure may frequently be brought about *tuto, cito et jucunde*, whether the pathology and diagnosis be true or not. What an elevated position of superiority is, then, occupied by the physician who practices homœopathically! Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculations of the day, to the homœopathic physician whether the germ theory or any other theory be true or false, and whether the germs are vegetable spores or animal bioplasts, are matters of little moment. He can go on relieving suffering, curing disease, and shortening convalescence all the same. What a blessing to mankind and what a privilege and honor to himself! Let the homœopathic physician, then, go on his way rejoicing; and let him thank God that, though a martyr to professional prejudice, he is a conscientious, scientific physician, and a benefactor to his race."

The members of the International Medical Congress showed in several instances one of the necessary results of their ignorance of drug action—a tendency towards a lessening of their faith in the power of drugs to cure disease, and an increasing confidence in the *vis medicatrix nature*. This is not to be wondered at when we realize that the mortality of most diseases is greater under allopathic treatment than it left alone with nature. Dr. Arnold made the following statement:

"Those who advocate active treatment ought to review the history of the treatment of pneumonia. The superiority of non-interference over active measures allowed this disease to make the fortune of homœopathy."

Thus it is admitted that active allopathic treatment, although eminently scientific, and based on a pedigree almost as old as the everlasting hills, is nevertheless worse than nothing. But as one writer truthfully says:

"Dr. Arnold has his lesson only half-learned. If he will himself review the history of the treatment of pneumonia, he will find, according to the records of Henderson, Tessier, and Dietl, that the mortality was, under

Allopathic treatment.....	20.5 per cent.
Non-interference.....	7.4 "
Homœopathic treatment.....	6.0 "

Thus the allopathic treatment killed thirteen patients in the hundred, while the homœopathic saved one which was lost under non-interference.

But this is not all. According to the same record the duration of the disease was, under

Allopathic treatment.....	31 days.
Non-interference.....	28 "
Homœopathic treatment.....	12 "

Thus, under homœopathic treatment, on an average the patients who recovered did so nineteen days earlier than they would under venesection and tartar emetic, and sixteen days earlier than under non-interference.

Other statistics, the reliability of which could not be questioned, might easily be given, showing that a similar ratio of mortality and duration of disease exists between the two methods of practice in all acute diseases, and that the mortality is greater under allopathic treatment than when diseases are left alone to the efforts of nature. It is not surprising that the old school, determined not to profit by the lesson which such statistics teach, should challenge their authenticity and deny their truthfulness. In the "address on medicine" delivered at the recent meeting of the American Medical Association by Dr. Roberts Bartholow, that gentleman after abusing the Press for its "flippant" attitude towards the medical profession, proceeds to berate homœopathic practitioners for publishing statistics which he claims are "fictitious," and which he says have "placed legitimate medicine in a false position, and discredited its practice to a most serious extent." He then refers to a certain pamphlet written by a physician "who had been a professor in the faculty of Iowa University," which contains "the usual tirade against allopathy, its past errors and its present uncertainties," but according to Dr. Bartholow "its really effective part consisted in statistics made up out of whole cloth." I have never seen this remarkable pamphlet, nor am I prepared to deny that it contained false statistics. I desire, however, in justice to the State University of Iowa to make the statement that the gentleman mentioned was once a student in that institution, and for one year held a nominal position as assistant to one of the professors, but he was never professor, and such a claim was entirely fraudulent. If, therefore, he would assume a fraudulent title for trade purposes it is not unlikely that he might for the same purposes manufacture false statistics. If he did so, as Dr. Bartholow's investigations would seem to prove, it is no fault of the homœopathic profession at large, and only goes to show the gentleman's ignorance of facts, as he could have readily procured authentic and reliable statistics to have proven his point, namely the superiority of homœopathic over allopathic therapeutics. Even Dr. Bartholow cannot deny the comparative results of the two methods of treatment as set forth in the respective reports of the Middletown Insane Asylum and the Cook Co. Hospital, and the fact exists that an opportunity for honestly comparing the results of homœopathic treatment with those of "legitimate medicine,"—that means medicine with a pedigree—has never yet occurred but that the figures have been overwhelmingly in favor of homœopathy. A somewhat ludicrous statement is made by Dr. Bartholow to the effect that in "a considerable town" in the West, the pamphlet referred to "was sent to every house-

holder" and that as a consequence "legitimate practice was in a short time completely destroyed and every regular physician reduced to extremity." How lamentable such a state of affairs! yet when we consider that "regular physicians," so called, have only succeeded in increasing mortality in diseases is it not, in the interest of suffering humanity, "a consummation devoutly to be wished?"

A condition of things similar to those I have mentioned prevailed a century ago when Hahnemann made his appearance in the medical world, and with this knowledge before us we cannot be surprised to hear him relate his experience on leaving the ranks of the old school in a letter to Hufeland in these words: "It was painful for me to grope in the dark, guided only by books in the treatment of the sick, to prescribe according to this or that fanciful view of the nature of disease, substances that only owed to mere opinion their place in the *materia medica*. I had conscientious scruples about treating unknown morbid states in my suffering fellow-creatures with these unknown medicines, which being powerful substances, may if not exactly suitable, easily change life into death, or produce new affections and chronic ailments more difficult to remove than the original disease. To become in this way a murderer, or aggravator of the sufferings of my brethren was to me a fearful thought."

Thus, it was the imperfections of the *materia medica*, and consequently of therapeutics, that caused Hahnemann to cast about him for something more reliable, and finally led him to the fountain of truth. These imperfections were due, as we have seen, to the fact that the profession then, as now, were neglecting *materia medica* and therapeutics, in order to spend their energies in searching for the nature and causes of disease, which even the present century with all its wonderful advantages has yet failed to discover.

Members of the American Institute of Homœopathy, is it not our duty to take warning from the errors and follies of the old school? Shall we, too, incline to follow the same beaten path they have trodden, or shall we realize that with homœopathy the *materia medica* is the basis of all our action; that therapeutics is the distinguished feature of our system, and bend all our energies for its improvement and promotion, making the collateral branches of medicine secondary thereto?

A private letter just received from the Chairman of the Bureau of *Materia Medica* contains these words: "It is very discouraging to find so few men willing to work on clinical medicine, therapeutics, and *materia medica*."

As I contemplate the attitude of some members of our profession, I fear that there is a growing disposition to neglect the essential features of homœopathy, and with scalpel and microscope in hand to follow close in the rear of the old school, searching for the nature and causes of disease. I would not, for a moment, discourage scientific investigation in every department pertaining to medicine, but I would make that entirely secondary to the development and perfecting of our *materia medica*, without which we might as well surrender our distinctive title, and allow to perish all the principles and truths which Hahnemann and his followers have cherished, and which have brought so much of health and happiness to the world.

Is there not danger that under the influences of this investigating spirit we may lose sight of some of the cardinal doctrines of homœopathy

which, cavil as we may, are essential to the successful application of the law of cure? Just so far as this is true, just so far are we departing from the true science of therapeutics, and are losing our identity as homœopathic physicians, no matter how tenaciously we may cling to the name. Already the note of warning is being sounded by those of our members who rebel against this neglect of the distinctive essentials of homœopathy. Just as I pen these lines, there is placed before me the last issue of one of our leading journals in which appears an article penned by one of our own members—one who is deserving of our esteem and confidence, and who represents a very considerable element in our school who are dissatisfied with the very methods of which I have been speaking. He says :

“ In the work of the American Institute of Homœopathy—which, although a National society in name and membership, from its numbers and its formative power over medical opinion within the school, may be considered as International in influence—under the leadership of the majority, has been from year to year growing more pronounced in its advocacy of the therapeutic opinions held by the pathological wing, and more and more intolerant of ideas held and advocated in opposition to such opinions. For this cause, the majority of its members have grown to take more and more interest in pathology (as must naturally have been the case, not only because this branch of medical study is of great interest and importance of itself, but also because it is by them made the basis for the most important of all branches of medical research, therapeutics), and the development, advancement, and promulgation of the peculiar tenets which divide it from other bodies of medical practitioners, have been more and more neglected.

“ Year after year good and efficient work has been accomplished in all branches of medical labor except in therapeutics and *materia medica*, while the bureaux to which were referred these subjects—subjects which would seem the peculiar business of this society—have been granted less and less of the Institute's time, and their contributions have grown proportionally more and more meager ; years have been devoted to the consideration of plans for simplifying, condensing, and abbreviating the *materia medica*, while amplifying, proving, and verifying have been neglected.

“ The Surgeon and Sanitarian, the Pathologist, the Obstetrician, and the Pharmacist have been accorded full hearing and respectful and helpful attention, while the *Materia Medica* and Therapeutist especially in so far as they ventured to differ from the opinions of the majority, have received but scant courtesy.”

Seriously, my brethren, is there not too much room for this criticism? and is it not time for us once more to appreciate the fact that it is the duty of this great organization to lend its influence to the propagation of the essential truths of homœopathy, those truths which have made homœopathy an accepted power in the medical world, leaving the collateral branches for secondary consideration?

Again, since the days of that notable abortion, “ the Milwaukee test,” there has been a disposition on the part of some to spend their time in searching for and publishing to the world alleged discrepancies in homœopathic pharmacology. The microscope is brought to bear upon our drugs and the vehicles in which they are prepared, and the world is informed that the former do not exist beyond the limit of certain attenua-

tions, and that the latter are possessed of impurities which may more than overbalance and destroy the infinitesimal quantities of the material drug which they are said to contain. May the oft-invoked shade of Hahnemann rest upon us, that now, after three-fourths of a century of the successful use of these very attenuations, prepared in precisely the same character of medium, that wonderful little instrument called the microscope should discover for us that we have been deceived, and that the preparations which have performed such wonders for us at the bedside were nothing, or at least anything except what we supposed them to be. Can we expect anything else than righteous criticism from the old school, when they are permitted to quote such arguments against us from those of our own household? How soon will we learn that the drug power in disease is not to be measured by scruples and drachms, any more than are the imponderable essences of disease itself; and even if they were, has microscopic science reached the limit of its development? Is it not possible that succeeding years will afford inventions that will go still farther in detecting the infinitesimal in nature than has yet been done? Let us bear in mind these questions and forget not the wonderful achievements of homœopathy as proven by clinical rather than microscopical tests.

Let us guard with care the reputation, honor, and integrity of our system of practice. In it we thoroughly believe, and to it we owe our allegiance. Let us be careful then that we do not, with scalpel and microscope, bring about that for which our enemies have labored in vain for nearly a century.

THE PROGRESS OF HOMŒOPATHY.

The progress of homœopathy during the past year has been all that could have been desired. From every quarter of our own land comes the most cheering intelligence, and from other lands where barriers exist against medical freedom, such as we of this free and enlightened country know nothing of—from these lands comes the welcome news that homœopathy is becoming slowly but surely established in spite of barriers, and in spite of a spirit of intolerance and persecution only surpassed by that with which Hahnemann contended in the early days of our system. Especially have our brethren in Great Britain reason to be encouraged. The outcome of the celebrated discussion carried on through the columns of the *London Times*, on "Odium Medicum and Homœopathy," is gratifying to every homœopathist. It proves a fact that was long since established; namely, that wherever homœopathy, or any of the interests pertaining to it, are brought before the bar of public opinion, they never suffer therefrom, but invariably come out triumphant. In closing its columns to the discussion, the *London Times* administers to the allopaths a stinging and well deserved rebuke—one which would have been equally appropriate at any time in the history of the past in connection with the old school antagonism towards homœopathy. It says: "It had become a dispute between two systems or schools of medicine. Being only laymen, we are, of course, incompetent to hold a rational opinion upon such a subject, but it was open to us to endeavor to get the controversy conducted in accordance with the general rule that disputants ought to deal with the arguments of their opponents as stated by themselves, not with any loose travesty of these arguments that pre-

judice or ignorance may suggest. We accordingly took some pains to ascertain and set forth the homœopathic position as stated by homœopaths themselves, and we were afterwards encouraged to believe that we had done so with—for laymen—tolerable exactitude. It ought not to have been necessary, because every orthodox practitioner ought to know the best as well as the worst of homœopathy, and every orthodox controversialist ought to be ready to state his opponent's position adequately and fairly. It was necessary, however, and we did it, but without the slightest effect. Orthodox writers went on through column after column, blazing away at what is non-essential, accidental, and extrinsic, while the essential points upon which the whole argument turns were left untouched. What disquisitions we have had about decillionths, and how utterly irrelevant they are when homœopaths maintain that dose is a mere affair of experience, and that the essence of their system is a rule of drug selection, based upon observation of the effects of drugs upon the healthy body. Their rule may be rotten and worthless, but we can never advance one step towards proof of that fact by losing ourselves in calculations concerning a space that a decillion of grains would occupy."

How familiar has been this style of arguments from the beginning. The old school has never been able or willing to meet homœopathy upon the fair ground of open and honest discussion, but has invariably resorted to a travesty of arguments, only such as its prejudice, ignorance, or malice might suggest. The *Times* in the same article says:

"So wide is the field over which the discussion has traveled, that it is perhaps necessary to remind the public what the original contention was. It was simply that an *odium medicum* exists, exactly analogous to the *odium theologicum* of a less enlightened age, and no whit less capable of blinding men otherwise honest and kind-hearted to the most elementary conceptions of candor and justice. That contention has been proved, not so much by what Lord Grimthorpe has directly advanced, as by the revelations of temper and mental attitude made by those who took up the cudgels on behalf of the orthodox profession. There have been one or two verbal denials of the existence of this odium, always accompanied, however, by an expression of contempt which comes in practice to much the same thing. But the strength of Lord Grimthorpe's case lies in the fact that whole columns have been filled with contentions which have no point or meaning except to justify the hatred that is verbally denied. Homœopaths are fools if they believe and practice what they profess, and knaves if they do not; therefore, we are justified, and, indeed, bound, by the lofty considerations which alone influence professional action to hate and despise them in either case—is a fair and accurate summary of the attitude assumed by orthodox champions at the opening of the discussion, and maintained with unswerving consistency up to the present moment. But that is the precise attitude which Lord Grimthorpe intended to describe by the phrase *odium medicum*, and, therefore, out of all the confused discursiveness of the controversy emerges the fact that he has amply justified his main and original statement."

With this conclusion every candid mind must agree, and doubtless from the results of this contest great good will come to the cause of homœopathy in Great Britain.

Many evidences are afforded in the history of the past year, of the growth of homœopathy and the hold it is obtaining in the hearts of the best citizens of the land—the wealthy and intelligent of every community. Notwithstanding this fact, that is evident to the most casual observer, we still hear the same cry resounding from the lips of the old school that homœopathy is dying out. Dr. Oliver Wendell Holmes gave rise to this chapter of long-continued fiction nearly a third of a century ago, and it has been kept up by less able imitators to the present time. It is said that Dr. Holmes still adheres to the statement made so many years ago, and that, too, notwithstanding he cannot have helped observing the unparalleled advancement of homœopathy during all this period of time. At the time Dr. Holmes made this statement there was not a single homœopathic college in existence; now there are 14, with about 1200 matriculates annually, and over 400 graduates, their alumni already numbering over 8000. At that time there were but a few hundred practitioners in this country; now there are nearly 12,000. Then there were no homœopathic hospitals, now there are 60, with nearly 5000 beds. Then we had but one or two journals devoted to the interests of homœopathy; now we have 25. Then we had but half a dozen societies, including the American Institute of Homœopathy, which had been recently organized; now we have over 150 societies. Then only one or two small pharmacies were required to supply the demands of the profession; now there are 33 strictly homœopathic pharmacies, some of them doing an immense business; while thousands of drug stores have miniature homœopathic pharmacies established in connection with their regular business—and, I must say, in my own opinion, much to the injury of homœopathy.

Figures like these might be multiplied in every direction, showing the growth and development of homœopathy since Dr. Holmes proclaimed it dead. No doubt "the wish was father to the deed," which is unquestionably equally true to-day. Similar statements announcing the decline of homœopathy or predicting its speedy death are frequently seen in the columns of old school journals, and was again publicly announced by Bartholow in his address before the American Medical Association recently convened at Cincinnati. He says, "Homœopathy has practically died out on the Continent. On this side of the Ocean it still maintains a certain influence, because of social conditions and prejudices that are only possible in free communities." In the first place homœopathy was never before in as healthy and prosperous a condition upon the Continent as it is to day, and doubtless the results of the recent discussion already referred to will give it a still greater impetus for the future. Dr. Bartholow admits the "influence" of homœopathy on this side of the Ocean, and refers it to the fact that this is a free country. Yes, this is a free country where intolerance and bigotry cannot be made to prevail by methods of persecution and oppression. Here all men are created free and equal, and are guaranteed civil and religious liberty. Here neither the "Odium theologicum" nor the "Odium medicum" have any terrors, for, much as Dr. Bartholow and his associates may regret it, they can call to their aid neither the lash of the law nor the fagot of persecution to enforce their doctrines or destroy the inalienable right of personal liberty by every sovereign citizen of the American Republic. No, homœopathy is not dead, but is alive and continu-

ally growing in power and influence. Even the old schools are gradually adopting its truths, and Dr. Bartholow himself serruptitiously appropriates material from homœopathic sources for the purpose of combining creditable work on materia medica and therapeutics, and without which his labors would have been in vain. May God speed the day when the already well worn and tottering edifice of Allopathic therapeutics shall have crumbled to the dust, and we permitted to build upon its ruins a temple of increasing solidity and grandeur, whose foundation shall rest upon the eternal and immutable laws of nature, while the topmost stone shall reflect from the sun of science its beams of truth and mercy upon a grateful world.

MEDICAL EDUCATION.

The question of advancing the standard of medical education in this country has for several years attracted the attention of the profession, though but little has been accomplished further than in inaugurating a healthy sentiment upon the subject. The great need of reform in this direction is too apparent to require argument. The low standard of requirements for the degree of Doctor of Medicine tolerated in this country is a disgrace to the people as well as to the profession. If the necessities of a new country ever demanded such a farcical system of medical education, such a condition of things certainly does not exist at the present time and never will again. The physician of to-day knows full well how impossible it is to acquire any thing more than the merest smattering of a medical education in the short time required by most medical colleges. It is a duty, therefore, that we owe to ourselves as well as to the country, to use all our efforts to advance the standard of medical education, and thus make the diplomas of an American college equal to those of any other country in the world. This matter can not be left altogether with the college faculties. While some of these are decidedly in favor of such a reform, and are already doing all in their power to bring it about, others are more interested in securing large classes, and it is through this influence, and in order that other and smaller colleges may compete from this standpoint, requirements are continually kept at the minimum. Already a great deal of time has been practically wasted in discussing this subject; the time has now come for prompt and decisive action. The American Medical Association has already acted, and the American Institute of Homœopathy can not afford to be far behind in the good work. I would, therefore, urgently recommend that at this session a resolution be adopted setting forth that for and after the year 1890 the American Institute of Homœopathy will not recognize the diplomas of any college requiring for graduation less than an attendance upon three courses of lectures of at least six months each. And I would further recommend that the Inter-Collegiate Committee of the Institute be requested to hold a special meeting at such time and place as they may agree upon, not in connection with the meetings of the Institute, at which time they shall formulate and adopt some general and uniform system of medical education more comprehensive and rigid in its character than that now existing, including the following minimum requirements: (1) A preliminary education, including some knowledge of the classics; (2) A four years' course of study; (3) Attendance upon three full courses of lectures of at least six months each. The said committee to report their action to the

Institute at its annual meeting in 1889, and after such report has been adopted by the Institute, any college that refuses to adopt the same, or, having agreed to adopt it, fails to uniformly adhere to its requirements, to be excluded from the Institute, its diplomas not recognized, and no representation allowed in the Inter-Collegiate Committee.

PAPERS AND DISCUSSIONS.

While the general results of the plan of sectional meetings has proven in the main quite satisfactory, and is evidently the only plan that can be successfully carried out in a body of this size and character, nevertheless I feel confident that still further legislation is required to make the plan entirely satisfactory. I believe that the standing resolution adopted July 1, 1887, should be supplemented by a resolution to the effect that all papers whose authors are not present shall be read by title and referred, unless their reading is requested by two-thirds of the members present at the sectional meeting at which such papers are presented. Also that a limited amount of time be allowed for the discussion of each paper immediately after it has been read. What we need is fewer papers and more discussions. I believe it would be better could we limit each bureau to one, or at most two or three papers. The bureau could decide upon which of its members the duty of preparing papers should devolve, while the remainder of the members of the bureau should come prepared to lead in the discussions.

THE PRESS.

There is no subject upon which I shall take the liberty of making any recommendations in which I have a deeper interest and that I desire to present more earnestly than the subject of the relations of the American Institute of Homœopathy to the secular and medical press. I fear that we have in the past failed to appreciate the influence of the press and the mighty power that it is capable of exercising in behalf of this Institute and the interests here represented.

In the first place, I can see no valid argument why the publication of papers should be prohibited before they have appeared in the "Transactions." I can not see that such publications would in any manner whatever injure the Institute or detract from the value of the "Transactions." But I can see why these papers, while they are fresh, ought to be given to the public, who, with the profession, are especially and directly interested in the results of so important a gathering as that of the American Institute of Homœopathy. I consider it impossible for us to give the members of the press too wide a liberty in the publication of our proceedings, including the papers which are here presented and discussed. We encourage our members to prepare and present papers which are of great interest to the profession at large, but these papers, if published, of which there is no certainty, do not appear until late in the year, by which time they have grown stale and lost much of their interest. I would therefore recommend that Section 9 of the By-laws be amended by striking out the words "which have been previously published, or" as occurring immediately after the word "Transactions," and that the Institute allow the publication of any part or all of the papers and discussions at any time after their presentation, provided that no papers are removed from the custody of the secretary for that purpose. This will permit authors to furnish extra copies of their respective papers for publication outside of the "Transactions," and

will in my opinion result in harm to no one, but much good to the Institute and to the cause of homœopathy in general.

I consider that it is a short-sighted policy on the part of the Institute to neglect making efforts to have its proceedings correctly and systematically reported by the daily press. Provision should be made for giving proper attention to the representatives of the secular press, and every courtesy and facility extended to them within the power of the Institute. I would recommend that the Provisional Secretary have added to his present duties the responsibility of furnishing a correct report of the proceedings of the Institute to the Associated Press, or that a special officer be appointed or elected for that purpose. Such officer should be not only a member of the Institute, but also conversant with the duties of a press reporter, and be a practical stenographer. I consider this question one of extreme vital importance. Our present methods may have been sufficient in the early days of the Institute, before the press had attained its present position of power and influence, and when weekly papers, reaching their destination in three or four weeks, were all that was expected, and when stage coaches constituted the sole means of rapid communication; but they are not sufficient in these days of telegraph and rapid transit. If we would keep up with the progress of the age and the spirit of the times we must call the power of the press into requisition to aid us in so doing.

PRESIDENT'S ADDRESS.

Article III, Section I, of the By-laws makes it the duty of the president to "deliver an address at the opening of each session, embodying a *résumé* of the progress of homœopathy during the year past, and make such suggestions as he may deem necessary for the Institute to take action on during the session." The language of this by-law does not positively preclude the introduction of other subjects into the president's address, but simply requires that the subjects mentioned be included. Nevertheless, it is well understood by the Institute that the intention of this by-law is to restrict the president's address to these subjects.

On behalf of my successors in office I desire to enter a protest against this ruling. While it is eminently proper that the President should each year include in his address "a *résumé* of the progress of homœopathy during the year past," it is nevertheless an injustice to him that he should be restricted to a subject which, however important and interesting, is necessarily limited, but which, when drawn out to a respectable length by quotations from statistics and by other devices, it becomes, as one writer says, "a hoary old chestnut," and certainly from a literary standpoint it is no credit to the President, who usually, at least, is supposed to be a man competent to prepare an address that, from any standpoint, would be a credit to himself and to the Institute. I would recommend that the above by-law be so changed as to make it the duty of the President to "deliver an address at the opening of each session upon some subject relating to the science and practice of medicine, and which address shall embody a *résumé* of the progress of homœopathy during the past year and such suggestions as he may deem necessary for the Institute to take action upon during the session."

Fellow-members of the American Institute of Homœopathy, permit me, in closing, to thank you for the honor you have conferred upon me in thus elevating me to the highest office within the gift of the profes-

sion. In filling this exalted position it has been, and will continue to be, my earnest endeavor to forget self, and strive only to subserve the interests of the Institute and the noble cause which it represents. Let us one and all remember that however rapid and substantial may have been the growth of homœopathy in the past, that we are now only at the very dawn of its existence and prosperity. It is not for us, but for our childrens' children and future generations to fully realize the magnitude of the work which we are now carrying forward, and it is only for them to appreciate its full fruition. Our labors are therefore not ended, nor can we hope to lay our armors by so long as medical intolerance and bigotry prevail and prevent the full acceptance of those truths, for the promulgation of which we are so earnestly striving. Let us continue to be encouraged in our efforts, since in the pure principles of homœopathy we see the elements of stability and triumph. Already we may descry the fulfilment of that glowing prophecy, uttered by the immortal Hahnemann less than half a century ago, when he said: "Our art requires no political lever, no worldly badges of honor in order to become something. Amid all the rank and unsightly weeds that flourish round about, it grows gradually from a small acorn to a slender tree, already its lofty summit overtops the rank vegetation around it. Only have patience—it strikes its roots deep under ground, gains strength imperceptibly but all the more certainly, and in due time it will grow up a lofty God's oak, stretching its great arms, which no longer heed to the storm, far away into all regions of the earth, that mankind, who have hitherto been tormented, shall be refreshed under its beneficent shadows."

The full realization of this prophetic vision depends upon the zeal and wisdom with which we, as followers of Hahnemann, maintain, and defend the principles and truths for which he labored and suffered, and which he has bequeathed to us as a rich inheritance.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

FORTY-FIRST ANNUAL SESSION.

FIRST DAY—EVENING SESSION.

BETWEEN one hundred and one hundred and fifty members were present at the opening session, during which time the most exemplary order obtained, broken only by the frequent and hearty applause which greeted the telling points made by President Cowperthwaite in his Annual Address. The Orpheus Opera, Niagara Falls, N. Y., the theatre selected for this annual convention will comfortably seat the entire present membership, and as its acoustic properties are of a superior order, with naught to disturb it but the distant roar of the Falls, the convention promises to be of interest to the hearers, as well as the speakers. The stage was handsomely decorated with exotic plants and flowers, and festooned in garlands and evergreens: while handsome gems from the most celebrated artists in etchings were placed on easels facing the audience. On the stage ranged in semi-circular form were Drs. Ludlam, Runnels, Dake, Beckwith, James, Paine, Burgher, Talbot and several other seniors and ex-presidents, besides

other officials of this session *i. e.* A. C. Cowperthwait, M.D., President ; N. Schnider, M.D., Vice-President ; Pemberton Dudley, M.D.; Secretary ; T. M. Strong, Provisional Secretary.

Promptly at 8 o'clock the President called the convention to order, and introduced an eloquent divine who invoked a blessing on the audience.

The President then presented his address, (which appears in full in another part of this journal). As already intimated this address created a decided impression in that it was freed of the usual perfunctory array of statistics, which weary the eye to read and distress the intellect to grasp. On the contrary Dr. Cowperthwaite made a number of excellent recommendations for which his successors in office will have occasion to be grateful to him for many long years to come. Especially gratifying to us was the advanced stand taken by Dr. Cowperthwaite on the question of attentions to the press—which, we have been accused of having ridden to the death by our constant iteration. He contended that naught but good can come of permitting the printing in advance of the annual publication of papers presented and discussions had. He favored and recommended the extremest courtesy to the Daily Press reporters, and urged the appointment of a separate officer to look after the convenience of the press, or to add this duty to that of the Provisional Secretary. This section was frequently interrupted by applause, the inadequacies of the present method being apparent to all.

The address was referred to Drs. D. H. Beckwith, Conrad Wesselhoeft and George F. Roberts.

Dr. T. Y. Kinne and Dr. F. H. Orme moved that the printed order of business constitute the regular order of this session subject to change by two-thirds of those present.

Dr. E. M. Kellogg presented the Treasurer's Report premising his reading with the statement that the institute treasury like that of the United States was struggling with a surplus. Briefly stated the report was

Balance on hand one year ago	\$ 506.08
Collections from all sources	3,475.00
	<hr/>
	3,981.08
Disbursements in bulk	3,207.11
	<hr/>
	773.97
Deduct deficiency on Encyclopedia	223.68
	<hr/>
Balance	\$550.29

Report accepted and referred an auditing committee consisting of Drs. Ludlam, Orme, and Kinne.

Dr. Pemberton Dudley presented the report of the executive committee, which rehearsed the difficulties experienced touching the late proposed change of place of meeting and why Niagara Falls nevertheless continued to be the choice.

Dr. J. C. Burgher read the report of the publication committee, detailing the minutiae of preparing the annual volume of Transactions. Before this report was accepted Dr. C. W. Butler asked to know why

certain provings which were prepared by the Bureau of Pharmacy were suppressed. As the question was called the motion to accept without vouchsafing the explanation desired was carried.

Dr. Henry M. Paine was greeted with applause as he stepped forward to read the Necrologists Report. He reported of Seniors, the following as having joined the 'Silent Throng: L. M. Kenyon, W. H. Randel, W. P. Gambell, A. Lippe, C. H. Walker, H. B. Clarke, Walter Ward, of the others he gave as having "the asterisk against their names," Titus L. Brown, Wm. M. Zerns, A. P. Hollett, N. R. Seeley, J. M. Drake, E. W. South, C. Sumner, H. E. Boardman, S. Hopkins Keep, Elam C. Knight, and Arthur C. Camp. The Necrologist went on to say that since his arrival in convention he had learned of the death of several others but not with any degree of authenticity. Dr. Paine was reappointed Necrologist for ensuing year.

Dr. T. Franklin Smith read his chairman report of the Bureau of Organization, Registration and Statistics, many parts of which owing to the unique and pleasant association of ideas provoked considerable mirth. In the matter of the biographical sketches he had succeeded in getting 586 only. The photographic group is rapidly approaching completion, 575 likenesses having been received and ranged in the group picture (a proof of which is expected here day after to-morrow). The price of single copies including postage will be about \$2.50. Dr. Smith suggested the advisability of presenting each of our foreign and corresponding members with a gratis copy. The statistics of his report are these :

Number of members engaged in Bureau work ; clinic medicine and special therapeutics, 56 ; materia medica and general therapeutics, 20 ; surgery, 41 ; obstetrics, 27 ; gynæcology, 33 ; pædology, 22 ; O. & O. and Laryngology, 21 ; sanitary science, 19 ; psychological medicine, 10 ; anatomy, physiology, and pathology, 5 ; drug provings, 8 ; pharmacy, 6 ; medical education, 8 ; medical legislation, 7 ; medical literature, 5 ; foreign correspondence, 5 ; No. national societies, 4 ; No. of sectional or inter state societies, 2 ; No. of state societies 30 ; No. of local societies and medical clubs, 105 ; No. of general hospitals in U. S., 26 ; No. of special hospitals in U. S., 31. The death rate has been 3.5 per cent. Homœopathic dispensaries, 43, in 38 of these 144,443 patients were treated ; No. of matriculates 1215 ; No. of graduates, 390 ; No. of homœopathic journals, 20.

It was ordered that such parts of this report as treated upon the same subject as contained in the President's address be referred to the address committee and that the whole report be accepted and referred.

Dr. T. Franklin Smith was reappointed.

Owing to the lateness of the hour the report from the delegates was temporarily passed.

Dr. Millie J. Chapman was appointed to fill the vacancy on the Board of Censors.

SECOND DAY—MORNING SESSION.

Upwards of four hundred physicians and visitors have put in their appearance since the opening of the session and still more arriving. The weather is beautiful, the absence of hot weather being delicious to our members who have been sweltering in the extreme heat of the past fortnight. When the hour for reconvening had arrived the

President found himself almost alone, but the stragglers came in shortly afterwards when the Board of Censors made report of the following applicants for membership :

Francis M. Bennett, Chicopee, Mass.; John M. Barden, Mansfield, Pa.; Chas. E. Thayer, Minneapolis, Minn.; Peter Cooper, Wilmington, Del.; Neidberd H. Houghton, Boston, Mass.; Geo. H. Talbot, Newtonville, Mass.; Jno. C. Nottingham, Bay City, Mich.; Zachery T. Miller, Pittsburgh, Pa.; Wm. R. King, Washington, D. C.; Edgar C. Parsons, Meadville, Pa.; G. R. Southwick, Boston, Mass.; J. H. Knox, Orono, Me.; B. F. Bailey, Lincoln, Neb.; Everett B. Finney, Phila.; C. S. W. Thompson, Helena, Mont.; Joseph M. Reeves, Phila.; Frank O. Hart, West Unity, O.; Wm. C. Powell, Bryn Mawr, Pa.; Wm. W. Heberton, South Orange, N. J.; Jno. J. Defendorf, Williamston, Mich.; Thos. M. Stewart, Cincinnati, O.; H. L. Clarke, New Bedford; J. Holcombe, Phila.; Geneviene Tucker, Northfield, Minn.; Wm. C. J. Slough, Emons, Pa.; John Mallory Lee, Rochester, N. Y.; Sarah I. Lee, Rochester, N. Y.; Richard R. Trotter, Yonkers, N. Y.; Chas. B. Gilbert, Washington, D. C.; Amsden E. Wheeler, Los Angeles, Cal.; Frank M. Humphrey; Philander S. Boyd, Washington, D. C.; Frank M. Clark, Salem, O.; H. B. Minton, Brooklyn, N. Y.; Geo. O. Welch, Westborough, Mass.; John Deetrick, Youngstown, O.; Margaret L. Crumpton, Alleghany, Pa.; A. B. Cornell, Kalamazoo, Mich.; Henry C. Aldrich, Minneapolis, Minn.; C. O. Howell, Westerville, O.; Lyman R. Palmer, Minneapolis, Minn.; Harold B. Wilson, Detroit, Mich.; Walter B. Whiting, Malden, Mass.; Orpha D. Baldwin, Cleveland, O.; J. R. Simson, Tonawanda, N. Y.; Wm. E. Milbank, Albany, N. Y.

Dr. H. C. Allen reported the difficulties experienced by himself in his labors as committee on railroad fares.

The president reappointed Dr. Allen chairman of this committee for the ensuing year, and also added Drs. J. T. Talbot and Bushrod W. James, committee.

THE BUREAU OF PHARMACY.

Dr. Lewis Sherman, Milwaukee, chairman, reported conference of the experiments in drug attenuations begun three years ago, the physiological experiments consisting of text provings carefully conducted by Dr. Conrad Wesselhoeft with preparations furnished by Dr. Clarence W. Butler of Montclair, N. J.

Dr. Wesselhoeft read a "Detailed Supplementary Report of Provings on the subject of Pharmacy," in which he sought to answer the questions : First, can the medicinal power of a dissolved drug be increased by succussion? Second, can the medicinal power of a very finely divided, insoluble drug be increased by trituration? The substance selected was *mercurius solubilis* in trituration of the 2d, 3d and up to the 60th cent. trituration; these provings being made by students of the Boston University School of Medicine. The 1886 provings were duly published, but for some reason not known to the essayists and his confrères the 1887 provings were not printed. It was found that the proving of drugs upon the human system was a much more difficult and uncertain matter than is generally supposed, the *sac lac* provers having proportionately as many symptoms as those proving the remedy. Briefly stated the essayist argues that if in future provings there exists the same incongruity after medicines have been taken or approved

congruity of effects when no medicine had been taken the inevitable conclusion must be that the provings are valueless in the future, if provings are to be the basis of our progress, they can and must be judged by the rule, that all discordant results must be mercilessly eliminated, and only those retained which positively agree in all or at least in a fair majority of provers. In order to obviate this error we must fall back upon tests upon animals before or after the test upon the human subject.

Dr. J. C. Burgher having explained his reason for omitting the publication referred to, after which a motion was made and carried that the slighted report together with the present provings be properly incorporated in the present proceedings.

The President then appointed the new Committee on Pharmacy regretting that by express desire of the old committee he could not re-appoint them. The Committee on Pharmacy for 1889 is as follows :

C. L. Cleveland, M. D., Cleveland, O.,

T. F. Allen, M. D., New York.,

W. Y. Cowle, M. D., New York.

E. M. Howard, M. D., Camden.

A. R. Wright, M. D., Buffalo, N. Y.

A letter of regret was then read from Dr. S. Lilienthal, San Francisco, Cal., whereupon the Institute voted a telegram of congratulations to the absent Professor on his recent semi-centennial anniversary as a practitioner.

The bureau address on Pædology was here presented by its chairman Dr. B. F. Dake, Pittsburg.

On motion of Dr. Jno. E. James the order of Proceedings was modified so as to permit of the reading of the Bureau Address on Obstetrics by Dr. Geo. B. Peck, Providence, R. I.

Dr. Peck related the incident of hearing a group of physicians discussing the value of forceps in obstetrical work when one of the disputants exclaimed, "such things are useless lumber. I have pursued an extended practise in this department for ten years and never have found occasion to use a pair." He was asked "what do you do in long, difficult cases?" "Let 'em grunt it out!" Again. A prominent lawyer's wife lay in confinement whose pains were regular but without progress. Despite frequent hints of bystanders to use forceps he declined until accused of a desire to kill the patient when he sent not home but to a brother practitioner to come and bring his. The first physician had never applied a pair.

BUREAU OF PÆDOLOGY.

Directly upon the adjournment of the Institute as a whole the Sectional Session was entered upon, the Bureau of Pædology being assigned the time as per published programme, with Dr. B. F. Dake, Pittsburg, in the Chair.

Dr. Clarence Bartlett of Philadelphia opened the session with his paper on Remarks in the Reflex Origin of Certain Disorders of the Nervous System," which dealt in a learned fashion yet very lucidly with certain forms of disease which it is customary to attribute not to ideopathic conditions but as the result of difficulties located at points remote from the path exhibiting the suffering. He prodded a number of theories which have currency among the profession. He believed

that reports of cures of epilepsy should not be made short of a lapse of three or four years following treatment. He claimed that the main fault with such reports was that the precise local conditions are insufficiently reported. He did not wish to be understood as denying the nature of operative treatment in reflex nervous disorders, but simply to caution his audience not to place too much confidence in the general literature pertaining to these disorders, as absolute cures are exceedingly rare. The paper of C. H. Goodman, of St. Louis, Mo., owing to his absence, was read by title. Dr. C. D. Crank then read his own paper on "Infantile Spinal Paralysis: Cases with Treatment." A paper from Dr. Lilienthal of San Francisco, on a subject within the purview of this bureau, was then read in extenso. Following this was a succinct statement on "Post-Diphtheritic Paralysis," by Dr. William Owens. At this juncture Dr. Van Denburg raised the point of discussing every paper directly upon its reading, inasmuch as the reading of several papers on different subjects tended to confuse matters so as to render subsequent intelligent discussion problematical. The bureau decided therefore to read the remaining papers and then proceed to discussion. Dr. Crank read Dr. R. N. Tooker's paper on "Post Diphtheritic Paralysis." In the discussion which ensued Dr. Van Denburg led with the idea that post-diphtheritic paralysis was in a great measure a difficulty which tended to spontaneous recovery without the aid of treatment. He cited the instance of a little lad of five or six years who, while over-heated, went out into the cold air and at once begun to complain, but not until the third day did the speaker take notice of any particular trouble. Then he discovered a suspicious looking yellow watery fluid running from one nostril, soon followed by the same from the other nostril, and a membrane became visible in both nostrils. There was a little abrasion of one finger and bringing that in contact with the nasal discharges promptly developed the membrane on the hand. During the illness lasting two weeks he was able to raise himself; after this he began to look cross-eyed and had difficulty in swallowing. This was followed by paralysis of the arm and leg, lasting for nearly two months. Seven weeks after he was able to leave his bed and go walking, but so weak about the nostrils that he was unable to blow a little toy whistle. The doctor believed the lad had really made a spontaneous recovery.

Dr. G. C. McDermott, Cincinnati, believed the last speaker would have saved his boy had he given him gelsemium. He had seen six cases with this paralysis, and wherever the eyes and throat were the ordinary seat of the paralysis, gelsemium was successful. For general bodily paralysis following diphtheria he advocated conium maculatum.

Dr. Tousley did not favor the idea of spontaneous recovery; that there are some who do so recover is not to be denied; but that is also true of typhoid and scarlet fever and almost any disease which is not necessarily fatal. He argued that disease was the result of predisposing causes; hence if we remove this cause disease will disappear. If an elongated prepuce causes nervous symptoms, certainly its removal must be followed by recovery.

Dr. Crank referred to a report of Dr. Barnes wherein one hundred cases of hip joint disease are mentioned, eighty-three of which were complicated with plimosis. He believed diphtheria to be a systemic, constitutional trouble.

Dr. Bartlett did not wish to be misunderstood; he had not said that operations were ineffectual; but simply that their value was overrated.

Dr. Hills asked Dr. Crank if he ever knew of a case of post diphtheritic paralysis which has never recovered.

Dr. Crank answered affirmatively and referred to a case which he had been called in consultation last winter which was still suffering. He did not coincide with Dr. Owens in his paper where that essayist asserts that post diphtheritic paralysis is preceded by a rise in temperature of from two to four degrees. His experience had been of the opposite.

Dr. Harold Wilson, Ann Arbor, spoke to the question as it referred to the quotation from Dr. Stevens of New York.

Dr. Sheldon Leavitt, Chicago, believed too much emphasis had been put upon specialty operations for the cure of neuroses of various sorts. He referred, for instance, to Dr. Pratt's, who finds a panacea for all the ills of life by snipping away the pockets and fringes of the rectum and dilatation of the sphincter ani. Many go so far as to believe that the presence of these various things in the rectum is the real cause of the trouble. He believed this to be a mistake. There was no intention of denying the efficacy of operations, but rather to say that the presence of these things are not the causes of all the trouble. He cited the instance of a young lady who had received an extreme fright while endeavoring to escape from a burning house; which was followed by violent madness. Remedies applied failed of success. Finally he resorted to the operation with a complete success. He also said that phimosis is a normal condition in the vast majority of babies. You will find that there is contraction in the majority of instances. There is more or less adhesion even without it being absolutely abnormal; and merely because we so find this state we are not justified in saying that it is the cause of the other symptoms.

Dr. J. C. Wood, of Ann Arbor, said that he did not believe any one would doubt for one moment that an irritation of the prepuce would cause various nervous trouble. It is a custom with the speaker when he is called to a case of a child that is unusually cross and peevish, where no other cause can be found, to examine the prepuce, and in many instances he had found a great deal of irritation, which, when removed, cause a disappearance of all the nervous peevishness and crossness. Now, if this irritation be continued a certain length of time, why may it not cause reflex symptoms sufficient to induce epilepsy? If this be true then it would seem to be an easier task to prevent epilepsy or to prevent nervous phenomena than it would be to cure them after these lesions are once fairly established.

Dr. C. D. Adams was called to a case of a young man of 18, who had epilepsy every few days; in one of those attacks he fell downstairs and fractured his forearm and clavicle. During the period of treatment for the fracture he was entirely free of epileptic attacks, but they afterwards recurred. He believed it was the shock to the system which for the time aborted the epilepsy. He desired to call attention to one remedy in post diphtheritic paralysis which had not yet been mentioned, and that was causticum.

Dr. Van Denburg did not wish to be understood as saying that medicines had no power over this difficulty, but only to say that we do not know when they do act.

Dr. Phillips concentrated his remarks on mal nutrition as a salient cause for post diphtheritic paralysis.

Dr. Hoag related the case of a lawyer who had lost three children successively by diphtheria, and had nursed them throughout. During the illness of the last one the father took sick ; he was never ill enough to be confined to his bed. After his recovery, while on his way to his office, he became so tired that he was unable to go further, but attributed this to tire. Three days succeeding he was unable to get out of bed. The paralysis advanced all over him until he could scarcely move his eyelids. This continued for three years, most of the time he was without treatment. After six or eight months he began to have a little motion of the fingers, and from that time on recovery went apace until he fully recovered. In another case he found the post diphtheritic paralysis to take the form of double vision.

Dr. Bennett thought we were as liable to have paralysis from mild forms of diphtheria as from serious cases. He also believed that nutrition lay at the bottom of many cases. In the case of a little girl with diphtheria, who had a large abrasion on the back of the hand, by bringing the abrasion in contact with the discharges a distinct membrane soon developed itself. In another case a boy of 7 had had a very light attack, the depositing not having remained in the throat more than two days. He had not been in bed at all. About four o'clock one day the speaker was sent for only to find the lad dead from paralysis of the heart.

Dr. Jane K. Culver believed that the severity of almost every case might be modified by proper attention to nutrition. The child has, in all probability, had no food for twenty-four or more hours owing to the pain of swallowing. But perseverance must overcome this trouble, and the child be properly nourished either in the natural way or by artificial means. The doctor was an advocate of animal food and in frequent quantities.

Dr. Crank stated that in cases of cardiac complications following diphtheria, when there is a sensation that if the patient stops moving the heart will cease beating, give gelsemium ; if however, there be a sensation that the heart will stop if the patient moves then digitalis is the remedy.

Dr. Lamson Allen reported one case cured in 1885 with a remedy that has not been mentioned to-day. The remedy referred to was alumina. One indication was the peculiar dryness of the mucous membrane—a sensation of dryness without actual dryness.

SECOND DAY.—AFTERNOON SESSION.

The president appointed the following gentlemen as the Bureau of Pædology for 1889 :

L. C. Grosvenor, M.D., Robert N. Tooker, M.D., Martin Deschere, M.D., M. W. Van Denburgh, M.D., W. T. Edmundson, M.D., H. I. Towner, M.D.

The certificate of membership of Dr. Milbank was antedated one year, he having made application last year in due form, but by some inadvertance his application not having been acted on at that time.

BUREAU OF SURGERY.—Owing to the absence of Dr. Helmuth's paper, Dr. McClelland of Pittsburg presented his paper of "Obstructions of the Instentines (except Hernia)."

This was followed at once by Dr. Charles M. Thomas of Philadelphia, with "Wounds of the Intestines."

The chairman, Dr. John E. James, then invited discussion.

Dr. O. S. Runnels, of Indianapolis, said that gun shot wounds were of the most deceptive kind, because there is no certainty of perforation of the intestines. In a case recently had it was the opinion of an excellent surgeon that perforation of the intestines had taken place, but as there were no absolute signs that this was the case, the expectant plan was adopted. It turned out there was no perforation, for the man recovered entirely. Much more frequent, however, were obstructed bowels. In his first case, some sixteen years ago, he was rash enough even then to propose a laparotomy. Death saved his reputation, for a post mortem disclosed the fact that the entire order of the viscera was changed. In four other cases he had succeeded in relieving, but he took no stock now in the expectant plan. He was also a believer in inverting the patient—let him stand on his head, if necessary, and forcing the abdomen to the utmost by injections. He concluded by saying that he frequently used beef gall extract.

Dr. N. Schneider stated that obstructions of the bowels were treated altogether differently, depending on whether the obstruction was external or internal. Dr. Runnel's treatment will answer very well in non-inflammatory cases of obstruction from fecal matter or any foreign substance within the bowel, but this would not do for inflammatory obstructions. If the lumen of the bowel is cut off the sooner you operate the better. The indications for treatment are perfect rest of the peristaltic motion, and next to give the indicated remedy. If you have a colocynth pain prior to your administration of opium for the purpose of closing the bowels, the colocynth is the proper remedy to give. If there be a tendency to collapse, then we might think of veratrum, or camphor. He had found very little rise in the temperature in such cases. The pulse is the true criterion. It is not the bounding pulse of aconite, but a little pulse running up to 130, and if not speedily relieved, death will ensue. There is a tendency for the surgeon to rely upon his surgical power and lose sight of the great *adjuvantia* he has in the homœopathic remedy. The speaker believed in the supreme efficacy of hot water for antiseptic purposes, and gave little heed to carbolic acid. He was not a believer, to any very great extent, in the germ theory as a cause of disease. If the germs produce a suppurative peritonitis it is because there is a condition of the body inviting that germ rather than that the germ causes the suppurative peritonitis.

Dr. Albert Fisher of Montreal recited a case of fecal obstruction in a lady of 70 which followed an attack of acute dysentery. He found inflammation of the cæcum. He told the attendants who were anxious for purge that the patient was costive because of the inflammation and not inflamed because costive; that by reducing the inflammation the constipation would disappear. This obstruction was not broken until the seventeenth day.

Dr. S. B. Parsons, of St. Louis, stated that there were no greater dodgers in the human organization than the intestines. The penetration of an intestine was an exceedingly rare occurrence; that a missile could go through everything else in the abdomen and yet never touch an intestine. An injury of the intestine is not always followed by an extravasation; if there be a wound transversely across the intestine both ends

will contract immediately by the circular fibers and there will be no exudation or extravation. The speaker had recently tested the discovery made by Dr. Sens of Chicago, touching the evidence of perforation of an intestine by turning a stream of gas into the rectum and observing to exude from the wound. Dr. Parsons had tried this on a dog, and had failed to find the results. He had found gas escaping from the dog's nose, but none from the wound. Subsequent post-mortem disclosed the fact that the knife wound had been followed by a closing of the intestinal wound by aid of the circular fibers so that its contents were not disturbed.

Dr. Bushrod W. James reported the case of a young man being stabbed with a dirk knife. An incised wound of an inch in the small intestine was found. An old school surgeon who had been sent for before the arrival of the speaker, now arriving, the case was by him pronounced fatal and sent home to die. The man's brother chanced to be a homœopathic physician, who took charge of the case. Subsequently Dr. James met the brother physician and ascertained that the brother had not died but on the contrary was well; he had used nothing but the simple administration of aconite.

Dr. C. E. Walton, Hamilton, Ohio, had a case of a gun shot wound in the abdomen with a 32 calibre bullet followed by collapse, yet in two weeks patient was upon his feet again. Dr. Walton had a dog story to tell. But his was a constipated dog. The gas experiment was tried in this case but would not appear at the nose notwithstanding all the pressure it was possible to exert. The dog was shot several times but the intestines were found to be riddled and out of six of the wounds the contents of the bowel were issuing. Regarding obstipation and injuries of the bowel necessitating surgical operation he believed that the best method of diagnosing was to open them up and take a look at them. He believed the time was coming when no more would be thought of median section for diagnosis of bowel obstipation than is now thought of asking for the tongue of the patient.

Dr. R. Ludlam, Chicago, indorsed Dr. Schneider's remarks touching the value of the thermometer in peritonitis. The pulse is worth the most. He also paid a tribute of respect to Dr. Testé, the discoverer of the purulent diathesis. With Dr. Keith, he believed that it was the willing but dirty fingers and instruments of the surgeon that carried death and devastation in the olden times. He advocated the passing of the instruments through an alcohol flame after use for cleanliness.

Touching obstipation Dr. Bailey of Chicago had had a case where the woman had had a movement of the bowels regularly every nine days and often failed at that time to produce an evacuation by the administration of large doses of morphia. In regard to Dr. Parsons dog, which, poor animal was victimized, it seems to him judging from the manner in which a three inch wound of the intestine shut itself up so quietly—like a clam, before the gas could escape that there was something wrong with the bark of that dog's intestine.

Drs. Boothby, Warren, Willard, Hayward, and Packard, participated in the further discussion traversing very nearly the same ground already indicated, Dr. C. M. Thomas closing, after which the bureau adjourned.

THIRD DAY—MORNING SESSION.

The American Institute of Homœopathy opened its third days proceedings with a tardy audience. The festivities of the night preceding had doubtlessly to do with this delay. On assembling the Board of Censors presented the following name for membership :

Thomas Reading, Pittsburg Pa : Edward P. Strunt, Brewster, N.Y : Wilhemus B. Robinson, Easthampton, Mass. : Geo. W. Worcester, Newburyport, Mass : Henry Krogstad, St. Paul, Minn : D. W. Horning, Lake City, Minn.

By special action of the Institute the committee a foreign correspondence Dr. T. M. Strong, chairman, presented an excellent report in which he referred in one part to the pharmaceutical frauds practised by the German chemists.

This Report was accepted and referred to the publication committee : the president reappointed the committee.

The report of the committee on international convention of 1891 was presented by Dr. I. T. Talbot its chairman. At the request of the chairman the sum of \$25.00 was set aside for the necessary incidental expenses of the committee during the current year.

On behalf of the auditing committee Dr. F. H. Orme reported his examination of the treasurer's accounts and vouchers, and that the committee had found them correct in every particulars. Ordered accepted.

The report of the committee on International Pharmacopœia was presented by its chairman Dr. Lewis Sherman, in which he referred to the inability of the committee to secure a desired conference with the Foreign Commission. Also that they had examined the British Pharmacopœia and were pleased to find it deserving of our recognition. The committee suggested in conclusion, a number of changes in pharmacopœia. Report accepted.

Dr. I. T. Talbot offered a resolution appointing a committee of twelve, six of whom shall be pharmacists, whose duty it shall be to prepare a pharmacopœia, which shall bear the authoritative sanction of this body, and that they be instructed to confer with the Pharmaceutical Committee of the International Homœopathic Congress as appointed at Bâle in 1886. Resolution approved and the following committee appointed : Lewis Sherman, Milwaukee ; J. Wilkinson Clapp, Boston ; F. E. Boericke, Philadelphia ; H. M. Smith, New York ; James E. Gross, Chicago ; Wm. Boericke, San Francisco ; J. P. Dake, Nashville ; Conrad Wesselhoeft, Boston ; A. C. Cowperthwaite, Iowa City ; Timothy F. Allan, New York ; Malcolm Leal, New York ; H. R. Arndt, Ann Arbor.

Dr. J. C. Burgher presented the report of the Committee on Medical Literature. The report was accepted and the committee appointed.

The chairman of the committee on president's address asked for further time. Granted.

Dr. Bushrod W. James was appointed in charge of the Bureau of O. & O. & L. in the absence of the chairman. Dr. James at once presented his bureau address.

The Board of Censors reported the following names for membership ; Alfred Pulford, Ansonia, Conn. ; Henry A. Whitmarsh, Providence, R. I. ; De Witt, C. Fowler, Aberdeen, Dakota ; S. D. Hinman,

Sparta, Mich.; Silas S. Simmons, Susquehanna, Pa.; E. B. Smith, Union City, Pa.

Dr. Phil. Porter read the bureau address of gynecology.

The institute then adjourned till 8 p. m.

BUREAU OF GYNECOLOGY.

This bureau held its session in the general hall, convening immediately upon the adjournment of the institute.

Bureau of Gynecology.—The Bureau of Gynecology was called to order by its chairman Dr. Phil. Porter of Detroit, and at once proceeded to the business coming specially within its purview.

The chairman introduced Dr. O. S. Runnels of Indianapolis as the first essayist, who thereupon presented "Changes in the Form and Position of the Uterus." In this paper the Dr. reviewed in a critical manner the common vices of women of this day touching the lack of proper physical culture, and closed by exhorting his hearers to make it a special effort of their practice to inculcate better ideas of the sphere of woman.

This paper was followed by Dr. G. R. Southwick of Boston with a paper on "The Therapeutics of Uterine Displacements," which as its title plainly indicates was devoted to the best mode of treating these displacements by therapeutic measures, local, mechanical and surgical treatment being omitted. It was hoped that the love of science the desire to relieve suffering and the advancement of the medical status of lady practitioners would encourage them to institute provings and verifications of drug symptoms, but how many have done so?

Dr. J. C. Wood of Ann Arbor read a paper prepared by a non-member of the institute on "Neoplasms of the Uterus" and was followed by Dr. E. M. Hale of Chicago on "The Pathological Indications for Medicines in Sub-Involution of the Uterus." This latter was an exceedingly interesting paper and was listened to with marked attention. He classified the causes under three heads:

1. Menstrual or those cases caused by or connected with abnormal menstruation.
2. Abortifacient, or those caused by miscarriages occurring at any period of pregnancy, and
3. Post Partum, those which occur after labor. . . He said the perfect homœopathic remedy for sub-involution after miscarriage should possess the power of causing abortion. This power would carry with it the resultant inflammation congestion and arrest of involution. The chief of these drugs are sabina, ustilago, caulophyllum, cimicifuga, Ruta, millefolium, kali permanganatum, aloes, gossypium, quinine, Hydrastis, laurus sassafras, terebinth, hedeoma, and a few others. The major portion of the paper was given up to indications for remedies which are well stated.

The papers of Drs. S. P. Hedges of Chicago on "Symptomatic Indications of some of Neoplasms of the Uterus," and of Dr. B. F. Betts, of Philadelphia, on "Symptomatic Indications for Remedies for Sub-Involution of the Uterus," were read by title in the absence of the respective authors.

Dr. L. L. Danforth who had been assigned to discuss Dr. Runnels paper made a few remarks concerning that essay and devoted the

remainder of his time to the elucidation of a new instrument an applicator for the treatment of stenoses and obstruction of the uterus.

Bureau of Ophthalmology, Otology and Laryngology.—This bureau was held at 3 p. m. In the absence of the chairman, Dr. Joseph E. Jones, Dr. W. B. James, of Philadelphia presided.

Dr. A. M. Cushing of Springfield, Mass., read the first paper which was intitled "Complicated cases and suggestions." The essayist described three cases of eye trouble he had treated, the first was one of acute conjunctivitis complicated with partial closing of both lachrmal ducts, which had been probed twice a week without benefits.

The patient received calcsya, and in a few weeks the trouble disappeared. The speaker then proceeded to call attention to an unused remedy in diseases of the eye and that remedy is mephitis. This when applied to the eye produced a severe burning pain in the eye. He told of a case in which the accidental instillation of this substance into the eye had a wonderful effect in improving sight.

Dr. F. Park Lewis then read a paper entitled "The eye as a factor in functional nervous diseases." He gave a review of Steven's observations on this subject and then proceeded to relate some cases which would seem to confirm Dr. Stevens' idea. In closing his paper he described the following cases: Miss G. aged 45 came to me in January last bringing an introductory letter from Dr. J. T. Cook of Buffalo, she could not remember when her eyes were not painful; had always been obliged to hold objects close to the eyes in order to see clearly; complained of pain in the back of the head, which at times became very severe; frequent wakeful nights; great nervousness with dread of going anywhere or seeing anyone; and gradually increase of all those symptoms. An examination revealed a myopic astigmatism for which concave cylinders of one-half a dioptric each and a proper angle was prescribed.

There was also a difference in the height of the planes of the eyes, of 1° (left hyperphonia) and a difference in the planes laterally of 5° (exophoria).

The cylinders prescribed were tried for a month, but without affording the least relief, rather causing discomfort.

On the 9th of February, the left superior rectus was ptenotonized lowering the eye to the extent of 1° .

The relief was almost immediate. Without further operation the internii gradually grew stronger and by the 13th., of April the exophoni had entirely disappeared. The glasses could then be used with perfect comfort, the nervous symptoms have now almost entirely gone, and the general health is better than it has been in years.

Mrs. N. of this city aged 38 has been a confirmed neurotic for years; has worn lenses for hypermetropic astigmatism which I myself had prescribed ten years before (with the glasses her vision was perfect). Has nevertheless had difficulty in using the eyes for minutes at a time. The following have been among her more prominent symptoms: incessant pain in the back of neck at the base of the brain; sensation as if ice cold water were being poured over the head; ringing and rushing sound in ears, with beating and pounding in the head sufficient to almost drown the sound of her own voice; most intractable insomnia for one entire month getting no sleep excepting by the use of strong doses of opium and chloral. Catching of breath and gasping as if she

could never breathe again ; excessive palpitation of the heart so as to jar the whole body, and prevent her from climbing an ordinary flight of stairs without stopping several times to rest, but without any organic heart lesion ; a sudden noise would startle her so that she would tremble for half an hour ; a fluttering and sensation of weakness in the abdomen which could only be controlled by wearing a tight bandage ; great pain in back, bearing down sensation, with aching extending to the knees. Her physician diagnosed a passive congestion of the uterus which he considered dependant upon a depressed nervous condition. She had also numberless other nervous symptoms which would quite warrant this diagnosis. An examination of her eyes developed the fact that there was a difference in height of the planes of the eye of 1° (right hyperphoria) with a turning inward (latent esophoria) of 3° . A tenotomy of the superior rectus lowered the right eye the necessary 1° and subsequently two tenotomies relaxed the left internal rectus 3° . The result was a complete and almost immediate relief of every one of the nervous symptoms.

Dr. Arthur B. Norton opened the discussion of Dr. Lewis' paper and said that in many of these cases of heterophoria an operation was not necessary because the difficulty could be corrected by exercise of the affected muscles.

Dr. H. K. Bennet asked Dr. Norton to describe his method of exercising the muscles.

Dr. Harold Wilson, said that hyperphoria was a congenital condition in which there was a difference in the two eyes. We might examine many apparently healthy persons it is true and yet find a deviation of but one or two degrees. He did not think because they have this condition and no trouble that that invalidates Dr. Stevens' observations for he thought that young persons with such trouble if kept under observation long enough would be found to have nervous trouble result from the muscular difficulties. He believed that an operation would affect a more permanent cure than would exercising of the muscles and internal treatment.

Dr. A. B. Norton, replying to Dr. Bennett's question, said that he used spectacle frames containing prisms which the patient put on and wore until the images were fused, then the strength of the prisms was increased as often as the patient's eyes would permit, for about fifteen minutes. He generally had the patients come to the office about three times a week.

Dr. F. Park Lewis, in response to the request by Dr. J. C. Morgan, proceeded to describe the technical treatment invited in the state of insufficiency of ocular muscles.

Dr. E. Hasbrouck expressed himself as pleased that Dr. Lewis had brought this subject before the society for discussion. He himself could not go the extreme that Dr. Stevens had, for he had seen many cases of insufficiency with the system below par and in which the recovery from the constitutional trouble was followed by improvement in the condition of the ocular muscles. He also thought it wise to try the effect of glasses and prisms before restoring to operation.

Dr. Harold Wilson then exhibited a pouch made of linen which he devised for the purpose of carrying his eye instruments. The advantages that he claimed for this pouch were its extreme cheapness and the certainty that it was always clean. He also exhibited a small apparatus

for the purpose of cleansing eye instruments. He presented to the society some colored blanks he had devised for the recording of ophthalmoscopic examinations.

Dr. Wilson then read his paper entitled "Reform in the Measuring and Recording of Vision." He expressed regret at the lack of uniformity among oculists in the matter of testing and recording visual acuity. He suggested that the decimal system of notation be adopted instead of those now in vogue. He also recommended to secure uniformity in testing vision that artificial light be employed.

Dr. B. J. James of Philadelphia, then read a paper on corneitis.

Dr. Harold Wilson in discussing Dr. Bennett's paper expressed himself as favoring evisceration of the eye ball to enucleation in cases of panophthalmitis.

Dr. J. C. Morgan of Philadelphia, did not believe in enucleating the eye. He would first try pheram phos, kali mur or kali sulph.

Further papers were read by title as follows: "Results of Acute Diseases Affecting the Pharynx and Larynx," by H. H. Crippin, M.D., of San Diego, Cal.

"Acute Inflammation of the Throat and Ear, Following the Removal of Nasal Polypi," by Edward B. Hooker, M.D., of Hartford Conn.

"Complications and Sequelæ of Corneal Ulcerations," by E. H. Linnel, M.D., of Norwich, Conn.

"Local Treatment of Ocular Conjunctivitis," by H. C. French, M.D., of San Francisco, Cal. Then Dr. A. B. Norton read the following papers: "Treatment of Conjunctivitis Vernalis," by George S. Norton, M.D. of New York, N. Y.

"Treatment of Tonsillitis by Puncture," by W. J. Harris, M.D., of St. Louis, Mo.

"Acute Hæmorrhagic Inflammation of the Middle Ear," by Charles Deady, M.D., of New York, N. Y. After which the section adjourned.

WEDNESDAY.—AFTERNOON SESSION.

The Bureau of Obstetrics was convened in the large hall promptly at 3 P. M., whereupon the chairman, Dr. George B. Peck, of Providence, R. I., read "Typhiodial Complications," by Edward P. Scales, M. D., of Newton, Mass. The only discussion which ensued upon this paper was by J. B. Gregg Custis, M. D., of Washington, who related his experience touching the matter under consideration. Following this the chairman read "Cardiac Complications," by L. P. Sturtevant, of Conneaut, Ohio.

Dr. Phillips, related one experience which he had had, relating to the advisability of preventing marriage and child-bearing in those having organic heart trouble. Within the year he had had a child die, one apparently healthy in all particulars, and die without a moment's warning. On closer questioning of the mother it was elicited that in her earlier years, about the time of puberty, she had suffered severely with heart complications. The peculiar feature of this case was, that as soon as the child died, the mother developed a decided valvular disease of the heart and is now herself in a precarious condition.

Dr. Sheldon Leavitt, of Chicago, then presented his paper on "Surgical Complications of Pregnancy."

Dr. L. C. Grosvenor, of Chicago, was interested in the cases cited, but in the matter of abortion it recalled to his mind a case which oc-

curred to him a year or two ago, of miscarriage in the seventh month, with regular pains, os regularly dilated, footling presentation, the sac presenting into the world. Gave her Svapnia, or Bigelow's purified opium, and not only arrested the miscarriage for the time, but succeeded in deferring it to two months later, then at full term, and with a vertex presentation. In regard to the use of chloroform he had used it extensively, and always with good result. He preferred it to ether, and did not believe it predisposing to hemorrhage.

Dr. Southwick, of Boston, differed with the last speaker, in that he preferred ether.

Dr. Emily V. D. Pardee, of South Norwalk, Conn., then read "Nervous Complications of Gestation."

Dr. Leavitt said in regard to the chorea of pregnancy, that he had had one such case, occurring in the sixth month of pregnancy. The patient had been under old school treatment. She could scarcely lie upon the bed; her writhings and contortions were of the most violent kind. He expected to have a serious time at labor but was agreeably disappointed; the chorea disappearing entirely.

Dr. French said he had had two cases of monstrosities, one resembling a mermaid and the other a dog's head, both superinduced by fright sustained by the respective patients, and the continued dwelling on the theme until delivery. He argued that it was practically impossible to do anything for such cases.

Dr. Grosvenor believed that these could be helped by the physician, if he will use his moral force with the patient, and take her mind off the disagreeable topic, having first used the best remedy to counteract the fright.

Dr. Phillips had seen one case of chorea during gestation, and that in the last month of pregnancy it was confined to the lower limbs, worse always during sleep, but present night and day, this being cured by *Cuprum aceticum*.

Dr. L. L. Danforth, of New York, recalled to mind a case of pseudo-pregnancy, where there were very marked choræic manifestations of the abdominal muscles. This was mistaken even by her regular attendant as pregnancy—the husband declaring that the fœtus was "kicking like a mule."

Dr. J. B. Gregg Custis presented "Placental Complications of Gestation."

No discussion.

The chairman read "Pulmonary Complications," by Dr. T. F. H. Spreng, of Buchanan, Mich.

Dr. Grosvenor remarked that he had had a case of pneumonia in a gestating woman in the seventh month; but by proper attention, in time, she was carried to term and safely delivered.

Dr. T. G. Comstock, of St. Louis, had never seen a case of pneumonia under the circumstances narrated by the essayist. He had seen it following abortion in young women. It had been his experience that pregnancy temporarily arrests the disease.

Dr. Peck then called for remarks under the head of "General Considerations," which was responded to by Dr. Grosvenor calling on Dr. Comstock for his experience in placenta prævia.

Dr. Comstock had never seen but two cases of the kind in his large and extended practice, and did not seem overly anxious to meet many

more. He was opposed to giving ergot in such cases. He recommended a tampon made of candle wick sublimated. He was also very decidedly in favor of conservative methods in such cases, and rather leaned to the opinion that placenta prævia was treated too much instead of too little.

Dr. Grosvenor had had two cases during last year, one in consultation. In the one case the patient had Murdock's Liquid Food to sustain her, but when labor set in such a hemorrhage supervened as almost to carry the patient off. He used a soft sponge for tampon. In the other case he delivered with forceps, by placing one blade through the placenta and the other to the side. The doctor also related a case which had been mistaken by the attending physician as a placenta prævia. He said it was the only case of placenta prævia he had ever seen without hemorrhage.

Dr. Nickelson of Adams, N.Y., had had the misfortune to strike a placenta prævia as a young man. He used podalic version, and delivered a dead child. This was a case of placenta prævia lateralis.

Dr. Middleton considered the procedure adopted by the last speaker as exceedingly hazardous, owing to the delay in delivering.

Dr. Southwick had witnessed a good many cases. He simply punctured the membranes, frictioned the uterus. The two great things to remember are loss of blood and shock. He would usually turn the child by the Braxton-Hicks method, thus making a natural tampon. Other tampons convey septic infection. Neither was he an admirer of the high forceps operation. He deemed it exceedingly difficult to perform, and there is not a little danger to the child's head and the mother's soft parts.

Dr. French had lost a case in his early practice, a case of placenta prævia, simply because he was unable to diagnose it in time. When he arrived at the case he failed to touch anything on digital examination, and believed the case not serious. On a later examination he found the head in the right fossa, with the two hands presenting.

Dr. Susan Edson, of Washington, had had one case of placenta prævia. For tampon she used some soft cloths wetted in hot water. She had attended her in previous labors, which had always been normal. She gave a dose of gelsemium and also several doses of caulophyllum, punctured the placenta, and delivered the child without the forceps, but the child was dead. This patient has since been confined at full term and normally. In another case she loosened the adherent parts on the side and made rapid compression. Here also she gave caulophyllum.

Dr. Southwick added that you can always turn before you put on your forceps, and certainly the application of the forceps has subjected the patient to needless danger. He believed that it required less dilation of the os for the purpose of introducing the hand than for the forceps.

Dr. Comstock said that instead of tampons, as he had always suggested, he sometimes used Allen's Surgical Pump.

Dr. J. C. Wood, of Ann Arbor, had had three cases of placenta prævia, and was successful in saving the mother in all the cases, but not the children. He preferred the Barnes dilators, using several sizes, and he also employed the Braxton-Hicks method of version where practicable. He recommended the use of hot milk in exsanguinated women instead

of stimulants, which latter tend only to weaken. He gave as much as a gallon in twenty-four hours.

Dr. Leavitt said that when the subject of placenta prævia came on for discussion there seemed to be a proneness of some to relate an excessive number of cases. He had only two cases. He realized that they are exceedingly dangerous and hard to manage. He believed that in simple cases the treatment was to rupture the membrane and allow the liquor amnii to escape, as this will, in many cases, control the hemorrhage. It is one thing to perform version with the membranes unbroken and filled, and quite another with them broken and empty. He had never yet seen an occasion for a complete tamponing of the vagina.

Dr. R. C. Allen, of Philadelphia, had also had but one case in twenty years' practice. He had listened to the advice given by the several speakers touching the introduction of hands or forceps into the os; but his case had been one where the os was rigid absolutely. He placed his patient on the left side, and on the proper indications gave ipecac in tincture, five drops in half a glass of water every five minutes until the hemorrhage ceased. The contractions set in shortly, and the usual mode of procedure for such cases was adopted. His point was the controlling of the hemorrhage with ipecac.

Dr. Peck, "American Women Childing," being a *résumé* of all the statistics gathered by himself touching the practice of obstetrics by our practitioners during the past year.

THURSDAY, JUNE 28.

The election of officers for the ensuing year resulted in the election of Dr. Selden H. Talcott, Middletown, N. Y., president; Dr. T. Y. Kinne, Paterson, N. J., vice president; Dr. Pemberton Dudley, Philadelphia, secretary; Dr. E. M. Kellogg, New York, treasurer. (The report of Thursday's proceedings will appear in next issue of this journal.)

FRIDAY, JUNE 29, 1888.—CLOSING SESSION.

On reassembling, the Board of Censors presented their final report consisting of the election of the four names presented last night. A telegram was read from Prof. Lilienthal acknowledging receipt of the Institute telegraphic greeting and returning thanks.

Dr. J. P. Dake endeavored to secure a resolution providing for an informal ballot in future elections. The motive, however, failed of success.

Dr. T. F. Smith called the attention of the Institute to the omission of recommending his resolution to send copies of the group picture to foreign correspondents and members free. The error was rectified by action of the meeting.

Dr. H. D. Paine presented a communication from Dr. C. Neidhard in which that gentleman presented a copy of his recently published work on Headaches to the Institute. On motion the book was accepted and turned over to the Institute Library with a vote of thanks to Dr. Neidhard.

Dr. H. C. Allen reported the illness of D. S. Smith, M.D., of Chicago as a cause for his absence from this session. On motion of Dr. Allen the Bureau of Clinical Medicine was re-opened to admit of the intro-

duction of an excellent paper by Dr. Thomas Skinner of London, England (which had been received too late for use during the regular session of Bureau) on "Glosso-syphilis of eleven years standing permanently cured in five months."

Dr. J. H. McClelland of Pittsburg, in the temporary absence of the Chairman of the bureau presented the report of the Bureau of Medical Legislation. He stated the contents of the report to be a series of resolutions pointing to the organization of single boards for examination for homœopathic practitioners in states now inimical to our school. He recited at some length the *modus operandi* adopted by the board of health of Alabama and of the board of examiners of Florida in the examination of homœopathic applicants, the purpose of which remarks being to show that while these boards might not be avowedly inimical to the homœopathic applicant if he should apply, the very fact that no one on these boards belonged to our school had the moral effect of deterring our students and graduates from going to these and other states and applying for license to practice; these boards as now constituted were a perpetual menace to all save the members of the old school. In this view of the subject supplemented by letters from the few practitioners now in those states, the committee had prepared a series of resolutions for the acceptance of the Institute which could be used by these and other members for their guidance in cases needing active legislation. That if two boards could not be obtained, then to oppose the single board. Dr. McClelland read a letter from Dr. Murrell of Mobile in which that gentleman detailed the troubles of Dr. Pampnella, who was brought up for practising without license, and who went into court with his attorney prepared to fight the matter through to the Supreme court; that the old school eventually withdrew from the fight. Dr. Stout wrote that at the last session of the Florida legislature a bill was smuggled through the house but was promptly killed in the senate by the concerted action of the homœopathic physicians.

The chairman of the bureau, Dr. H. M. Paine, having appeared in the hall he was permitted to read the resolutions as follows :

First : By all means avoid the attitude of real or apparent obstruction to true medical progress.

Second : Oppose to the fullest extent and under all conditions the formation of single boards in the interest of the old school, either with or without minority representation of homœopathy thereon.

Third : In all the states in which homœopathists reside in sufficient numbers, instead of the single old school board seek to amend the law so as to provide either for separate and independent examining boards for the several schools, or if considered preferable a combination board ; have a full corps of seven or nine homœopathic examiners possessing complete and independent jurisdiction over all homœopathic applicants.

Fourth : In all states in which resident homœopathists are few in number endeavor to prevent the passage of any bill providing for a single examining board either with or without homœopathic representation, and substitute therefore a carefully prepared registration law, thereby falling back upon the educational qualifications furnished by the medical colleges.

Fifth : If, however, it is found that laws for the recognition and protection as well as the registration of practitioners are inoperative, and if at the same time it is found that a bill is presented or is about to be

presented to the state legislature providing for the appointment of a single old school state board of medical examiners under whatever name or form, homœopathic students having no alternative thereunder than an examination by such a board, then take the aggressive at once and prepare and urge to completion a bill providing for the establishment of a chair of homœopathic principles and practice in every old school medical college in the state and bring to bear upon it every available and suitable influence, social and political, and demand its passage on grounds of public expediency and a wise and prudent provision for the public welfare.

Dr. McClelland thereupon offered the following resolutions :

Whereas, single boards of medical examiners have been recently established in several states, the membership of which is made up wholly or largely of the representatives of one school of medicine, thereby fostering and maintaining sectarianism in medicine in a most pernicious form ; and whereas, the practical effect of the existence of these sectarian boards is found to be prejudicial to the interests of other schools of medicine and constitutes an unnecessary and unwarrantable interference with the free exercise of the widest liberty of thought and action consistent with the public welfare ; therefore :

Resolved, That whenever legislation shall be attempted in any state looking to the creation of a single state board of medical examiners, homœopathists are hereby urged to oppose such bills to the fullest extent of their influence, unless amended so as to provide for the appointment of homœopathic examining boards having equal legal rights and privileges with those of other schools of medicine.

Resolved, That while we approve the appointment of State boards of medical examiners as the most suitable method for securing higher and more nearly uniform standards of medical acquirements, we reject the proposition that these ends can be attained only through the appointment in each State of a single medical examining board. *Resolved*, That while we approve the principle of State examinations, homœopathic interests can be conserved only by the establishment in each State of a separate homœopathic examining board, or that which is its equivalent, viz., the appointment of a full corps of seven to nine homœopathic examiners, whose decision alone shall be final as regards the standing and licensure of all homœopathic and other students making application thereto. *Resolved*, That in case it shall be found to be difficult or inexpedient to create and maintain a State homœopathic medical examining board, homœopathists are hereby urged to rely for the protection of their interests mainly on laws for the regulation of medical practice and the registration of practitioners. *Resolved*, That in cases in which State homœopathic medical examining boards and laws for the regulation of medical practice have failed to protect homœopathic interests, and persistent efforts are being made for creating a single State examining board, homœopathists in such States should urge and secure the passage of a law providing for the teaching of homœopathic principles and practice in each of the old school medical colleges in such States. *Resolved*, That a copy of these resolutions, with such other suggestions as the committee on medical legislation may deem proper, including forms of proposed medical bills, be presented by circular or otherwise to the homœopathic profession at an early day.

Dr. Dake spoke to the motion, relating his experience in his own state, and also the difficulties which our brethren had experienced in Alabama. He concurred in the opinion of the committee that, while the existing single state board of medical examiners here and there may be really virtuous, yet their existence without a single homœopathic representative is a standing menace which deters our young men from entering those fields.

On motion the resolutions were carried and the recommendations therein contained ordered to be observed.

Dr. H. C. Allen gave notice that he would ask for the introduction into the membership blank at the proper place of words expressive of the belief of the applicant in the principles of homœopathy.

A vote of thanks was tendered the retiring president, also to the local committee of arrangements, to the secretaries, and the press reporters for eminent services in behalf of the Institute. The Institute then at 12:30 P.M., adjourned.

EXHIBITS.

The portion of the building set apart for the display of exhibits was occupied to its fullest extent. At the entrance Daggett's new gynæcological table attracted much interest because of its completeness, compactness, and low price at which it is sold.

That excellent preparation Bovinine, the fluid food, made a fine display and attracted deserved attention.

The question of quality in pepsine, which has of late been a subject much discussed, seems to have been quite satisfactorily settled by a public test made by the New York and Chicago Chemical Co., resulting in the showing of equality in quality of Fairchild's and Fords, the latter having an advantage, however, in being of considerable less cost. Particulars of the test will be published later.

Carnrick's soluble food was well displayed, but did not record many *new* converts. Its use is already so general that its undoubted merits were known to nearly-all.

One of the best patronized exhibits was that made of Malted Milk. This article is rapidly gaining for itself deserved recognition as a food for infants; but its use is not confined, and it seems especially useful to any one, even physicians as a strengthener taken say before a night ride, or after return from a long and tedious day's labor.

That standard of milk foods, Nestle's, was made prominent by the presentation to each physician of an elegant hanging for the wall, attractive for any room. Non-attendants can be supplied by addressing Thos. Leeming & Co., New York.

A most delicious beverage involving healthfulness was Crystalized Phosphites, a preparation which *does not* have the drying and tickling effect on the throat known to similar preparations.

Orange wine won many encomiums and much favor from all the delegates. This is a pure distillation from the orange of delicate flavor, and with no unpleasant after effects from its use.

Hoff's Malt Extract, the importation of Eisner & Mendelson, was one of the standard tonic foods exhibited. This article has been so long recognized for its merits that further commendation seems unnecessary.

Other exhibits will be mentioned next month.

Globules.

—The most summary indication for *Pyrogen* would be to term it the *Aconite* of the typhous or typhoid quality of pyrexia.—*John Drysdale, M.D.*

—Pemberville, Ohio, has a little child whose eye comes out of its socket and hangs down upon the cheek. Eminent oculists have treated it, but as yet with no permanent success.

—Here's a new and excellent idea. The treasurer of the Nebraska State Homœopathic Medical Society reporting a surplus in the treasury of \$65, the society voted to abate the annual dues for current year.

—RETAINED PLACENTA.—My preceptor taught me, in cases of retained placenta, to have the woman blow into her hands after the manner of boys when they wish to make a loud whistling noise.—*F. H. Huron, M.D.*

—Disease obliterated is health restored, the highest and only object of the physician impressed with the significance of his calling, which does not consist in the use of learned phrases, but in bringing relief.—*Hahnemann.*

—There is no subject within the whole field of medical science which so demands our earnest attention as that of *materia medica*. It should be above all our field of labor. It is the distinctive work of our school; and as this is perfected, so will our ability to cure the ills of humanity increase, and the truth of our therapeutic law be attested.—*N. Schneider, M.D.*

—Let us endow *our* colleges—it can be done. Give something yourselves. Ask that friend, whose ills you have cured, whose life you may have saved, by whose bed-side you have watched and struggled to avert the fatal issue. Ask your friends for money to endow our colleges. Your cause is as worthy as the theologian's; be not backward, it is a glorious work.—*N. Schneider, M.D.*

—Our contemporaries should not construe his [S. O. L. Potter] several initials too seriously. For he is neither the therapeutic sun, nor the wise man of the therapeutic bible, although he has embraced in his latter days the thousand wives of active therapy. He is but a potter who only half bakes his clay, and takes delight in poking, pushing and disturbing, provided he can thereby get notice and advertise his wares.—*N. A. Jour. Hom.*

—While it is, of course, impossible to memorize the whole *Materia Medica*, yet a practitioner who had not the characteristic symptoms of our remedies at command would present a sorry spectacle at the bed-side. The first hard work of the student of homœopathy is to memorize the characteristics. He will even then have had enough work and studying to do in practice if he ever excels as a prescriber.—*E. B. Nash, M.D.*

—What remains to us of the schools founded by Galen, Paracelsus, Sydenham, Boerhaave, Van Helmont, Stahl, Cullen, Brown, Broussais? They are nothing but mere *nominum umbræ*, but Hahnemann lives and flourishes in scores of colleges and universities, in hundreds of hospitals and dispensaries, in thousands of qualified and busy practitioners, and in millions of lay adherents in every civilized country in the world.—*Hom. League Tract, No. 18.*

OH-DON'T-LOGY.

—DON'T use too much lemonade : it is harmful.

—DON'T ever do it again, *i. e.*, forget to come to the Institute.

—DON'T neglect the use of arsenic in dyspepsia of tobacco chewers.

—DON'T burn a lamp at night : use tapers to prevent vitiating the air.

—DON'T allow a puerperal woman to remain too long in one position.

—DON'T drink ice water : preferably drink hot drinks—boiled drinks.

—DON'T swear ; it is a bad sign ; so also it is to see you loafing in a saloon.

—DON'T forget that apis does not act as quickly as other animal poisons.

—DON'T find fault with your neighbors. A good doctor is too busy for that.

—DON'T eat too much meat, especially salt meat : it tends to produce constipation.

—DON'T let the Institute Proceedings for 1888 when published lie unopened on your shelves.

—DON'T fail to uphold the best interests of the Institute as you have learned them at Niagara Falls.

—DON'T apply splints to a fractured limb on the hypothesis that the limb *must* correspond to the splint.

—DON'T deride other schools of medicine. Hold up your own ; by bed-side tests *prove* it to be the best.

—DON'T wait to be officially notified of your appointment on bureaux ; go to work *immediately* on your paper.

—DON'T let Cowperthwaite's recommendations fall on stony ground. They were excellent. Heed them.

—DON'T befoul your nest by imputing errors to Hahnemann. If you can speak no good, speak naught.

—DON'T go home disappointed because you wasn't made president of the Institute. Better luck next time.

—DON'T harbor ill will because your paper at the Institute was not received with the encore you anticipated.

—DON'T confess to potencies with your patients—or with anybody else. Avow yourself a Homœopath—a follower of Hahnemann.

—DON'T decry the country doctor ; his lot is much more difficult than that of his city cousin. The country produces, the city consumes. American history would be a blank if the country-raised boys were left out.

—DON'T protract the talk of east and west for the Institute. Remember it is the AMERICAN Institute ; no east, no west, no north, no south ; just simply American and Homœopathic, both words in their most extended patriotic and medicinal sense.

THE
AMERICAN HOMŒOPATHIST.

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No. 8.

WITH this issue we complete the publication of the American Institute Proceedings, the first and major part whereof appeared in our July issue within a few days following the adjournment of the session. By an unfortunate oversight on the part of some one, the reports, as each night compiled and mailed, failed to reach our printing office in the order sent; hence, the lack of consecutiveness in the proceedings as already published. Thus far we were distanced by but one friendly competitor, and he had recourse to the telegraph. We will be better prepared for Minnetonka.

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What has the Institute profited by its recent session? Let us sit down calmly, now that we are away from the roar of the mighty cataract, and freed from the importunities of the hotel waiters, and reason together. In the first place, we question whether there was ever a better behaved session from beginning to end since the dawn of Institute history. If there was any ring, any politics, or any underground railway, it was not apparent to the lynx-eyed press reporter who was on the alert for failings. He found none. It was a grand body of men and women, met together for a beneficent purpose—that of instructing each other how better to soothe the sufferings of stricken humanity and smooth the pillow for dissolving mortality. The masterly wielding of the gavel, the promptness and clearness of President Cowperthwaite's rulings, kept the business of the Institute well in hand, so that no double-ending amendment with triple-headed intra-uterine substitutes was suffered to accumulate and bewilder the Institute. It was a pleasure to note the expedition exercised in all the Chair's movements. When the gavel fell it was with no uncertain sound. It stayed there.

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The hall of assembly was eminently well adapted for the meeting of so large a body of men and women. Every auditor was in full view of the presiding officer, and every word spoken, if properly spoken, could be heard. It is not singular that doctors are poor public speakers. Theirs to do and die, not to talk. Theirs to receive the confidences of the soul in travail; to let the words of agony sink into their inmost hearts, never more to be rehearsed to mortal ear. The appointments, decorations and general arrangement appertaining to the business part of the Institute were admirable in every respect; they were excellent.

A crying need is a public crier or reader whose voice will reach to the farthestmost parts of the house. It goes without saying that the value of a paper is enhanced by good reading; and, *per contra*, no matter how excellent soever an essay may be, a poor reading will mar, if not destroy, its integrity. Of orators, polished and perfect, the

Institute has not a few. The Warwick of the Institute—the president maker—necessarily leads, but is closely followed by Dr. Couch, the “country doctor,” with his excellent delivery, concise statements, knowledge of parliamentary usage, self-possession and attractive personnel.

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Cincinnati furnishes a trio, each a host in himself: Buck, Walton, and McDermott; the first and last of these a standing terror to the short-hand reporters. Kinne, of New Jersey, who “might have been,” but wasn’t because he was side-tracked by the prætorian guards of the empire (State), is a clear-headed speaker, blessed with perennial good-nature, and a dear good friend to the “boys of the press.” Dr. Phil. Porter’s athletic proportions, clad in holiday raiment, contrasted well with the ferns and exotics and darkened background of the stage, as he read or spoke to the point in his good, big, round, sonorous voice.

The “louder” crank we have still with us; would that he were still more “still.” It seems never to dawn upon his little brain that the chairman of the Board of Censors is appointed not for his ability to wind a brass horn, but because of his rare gift of detecting and rejecting unworthy applicants for membership; and that, because of his eminent fidelity in this regard, each succeeding president appoints Dr. Rush chairman, and does not appoint Dr. “Borborygmus,” whom he suffers to continue an irrepressible nuisance in the body of the Institute. The reading of the names is a bit of formality which might well be omitted, since the more rational practice obtains of posting the names for hours in a conspicuous place.

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Could any honest, unprejudiced observer of matters and things homœopathic have found fault with the interest evinced in, and attention given to, *materia medica* throughout every session of the Institute, whether in general conclave or in section, but more particularly—to our glory be it said—in the *materia medica* bureau? Chairman Wright had such an audience for his “zinc” bureau as was given to no other sectional meeting. The representative men and women of our school were there. They talked. They gave in their evidence. There was no nodding; no drowsy eyes; no tired look; no wish-I-was-near-the-door expression playing over wearied faces. It was a real, old-fashioned homœopathic love-feast. How it would have gladdened the heart of the far-away Lilienthal, as it did the ultra *materia medica* men who were present! There were no half-hearted utterances. They had the true Hahnemannian ring—not the Hahnemannism (?) which arrogates to itself the greatest meed of tolerance, and, then, in turn, turns to rend with intolerance all those who differ in creed or practice from its own preconceived notions of perfection and “sanctification.” That is NOT homœopathy. That is fanaticism. The high potency was mentioned by its advocates, not with bated breath, not with a please-excuse-my-folly intonation of the voice, but with a confidence and trust born of the fullest liberty as recommended by the immortal Dunham in his oft-quoted address before the Institute eighteen years ago.

Clinical medicine was, likewise, ably conducted. Dr. McLachlan’s “Clinical Facts” were good. Dr. Clarence W. Butler, member and ex-Vice-President of the I.H.A., reported a case of locomotor ataxy

cured by a single remedy and in a high potency. Was there any demonstration of unbelief on the part of his audience? Not a bit of it. Men of the standing and prominence of Dowling complimented and commended the treatment. Homœopathy in the Institute is not dead. Out upon such a heresy!

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Dr. Cowperthwaite's address was unique in that it was a complete departure from the usual perfunctory paper presented for the action of the Institute. It was replete with telling points; short, practical, bristling with subdued energy; told in the terse and forceful fashion of the West. Many of his recommendations were literally innovations. How the long line of departed worthies of our Institute would have listened could they have heard him, one of their successors, recommending measures apparently so opposed to the notion of affairs as they formerly existed. The applause which frequently interrupted the reading was spontaneous and hearty. Especially that which rewarded the recommendations touching the future treatment of the secular press.

That his suggestions in this regard were substantially ignored and frustrated by the recommendation of the Circumlocution Committee is to be deplored; but it detracts nothing from the merit of the suggestion. In so ponderous a body new ideas are slow to take growth. Conservatism is dominant. But the way is pointed out, and future presidents will see the value of the ideas. The Institute has now placed the daily press in the attitude of suppliants for news crumbs from the sessions. An idea so erroneous ought never to have been entertained, much less have been given publicity. The Institute's best friend is the press. Our true policy is to use every legitimate means within our power to enlist its hearty co-operation; with that assured, the old school supremacy will be gone. Vide the *London Times*.

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No daily paper will send a representative to our sessions and then suffer his version of the proceedings to be first revised by the General Secretary, and the sanction of the Institute secured for its publication. This is an absurdity which has probably dawned upon the Circumlocution Committee ere this. The desire to fix the responsibility on some officer of the Institute for the publication of daily reports was commendable enough; but to suppose that the Institute could dictate what the press-gang shall present to its readers is exceedingly short-sighted. Granting that the General Secretary does prepare an elaborate and painstaking résumé of the day's labors, and places thereon his This-you-may-print stamp, what surety has he or the Institute that the City Editor will not draw his little blue pencil through the major part of the technical paper—because not suited to the general reader (and it is well to bear in mind that it is the general reader who supports the daily papers and not a handful of specialists)—what surety has the Institute that the paper will print any part of the prepared matter? The status of press matters with the Institute has not been improved; better have left in it in “innocuous desuetude” than to apply the gag.

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The surgeons and gynæcologists had a good time. Dr. Schneider championed for cleanliness as opposed to listerism *per se*. Dr. Parsons

of St. Louis with his perforated dog, and Dr. Walton with his constipated dog story stood out well, because both spoke in good voice and on interesting topics. Dr. McClelland, hardly convalescent, Dr. Ludlam, with his pleasing oratory and ready wit, and Dr. Grosvenor, with his enthusiastic support of dress reform for women and children, blend very kindly in the picture as we view it from this distance. Prof. Wood of Michigan, a little defective in elocution but excellent in work; Dr. Hale, with his budget of new remedies and suggestions; Runnels, with his suggestive initials O. S.—neither Old School, nor Old Style, but Organon Suggester; Dr. Comstock, Master of Vienna, and indissolubly linked with his obstetrical forceps; Dr. Leavitt, with his incisive logic; and Dr. C. M. Thomas, with his Inspector-Bucket forefinger, contributed, each in his own way, to make the meetings interesting not alone to themselves but, also, to the less fortunate non-specialists who merely cure people without doing median section and laparotomies and other big things with big names and big fees. The pleasant countenance of the author of "Humanity" was sorely missed. Gynæcology R. Southwick was heard from frequently and always in favor of internal medication wherever possible.

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The "Bureau of Big Words," O., O., and L., was presided over by Dr. Bushrod W. James, whose extreme youthfulness of appearance seems to give the lie to the Senior ribbon which he wears. The Committee on Pharmacy, which was in charge of Dr. Lewis Sherman, gent., the most dignified of members, also contained Dr. Conrad Wesselhoeft with his general resemblance to early pictures of Shakespeare. Hahnemannian Contributor Allen occupied his usually conspicuous ground whenever materia medica was under discussion. T. Photograph Smith begging for autobiographies; Dr. Peck with his sibilant pronunciation and bachelor proclivities; Justly Prominent Dake, who is always in attendance and alert for the best interests of the Institute; Dr. Talcott with his "insane" record; and Dr. Gee the Willow Stalwart of Chicago, were there.

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So also Dr. Talbot, the Inter-Collegiate enthusiast; Dr. Gregg-Custis, ex-Secretary and member of the I. H. A., but also a faithful member of the Institute; Dr. Hasbrouck, the anti-old school ads. in homœopathic journals; Drs. Beckwith and Beebe, sanitarians; Dr. Claypool, with his little instrument for applying dry heat; Dr. Danforth, with his Spanish complexion and liquid voice; Clevelands Latest Cleveland, of Cleveland; Dr. J. Heber Smith, who brought financial ruin to galvanized iron pipe contractors; Dr. Willard, who championed the cause of the *New York Medical Times*; Easily Managed Kellogg—his elections as treasurer are easily managed, likewise his acceptance speeches; Dr. Morgan, of Philadelphia, the irrepressible but well-informed; Dr. Crank, of Pulte, the young man eloquent; Dr. Van Denburg with his "spontaneous recovery ideas of post-diphtheritic paralysis"; Dr. Wright, of Buffalo, was all right where he was; these each and all took part in the proceedings, and many others with them, thereby rendering the session for 1888 so eminently successful.

The Institute, with its overwhelming Eastern patronage, having listened to the cry of the West during the past two years for fair division of the honors entered with spirit to accede to this reasonable request. Here is the result: President from New York; Vice President from New Jersey; Treasurer, New York; General Secretary, Pennsylvania; Provisional Secretary, New York (or Pennsylvania). However, the West gets the Institute. For this relief, many thanks. The offices are well filled by energetic, ambitious, Institute-loving physicians. Success to them.

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We will not be deemed hypercritical by those who were present when we refer to the only disagreeable thing which tends to mar the recollections of this past session of the Institute. This is in relation to that perennial farce, the "collation." Last year, and the year before that, it took the grandiloquent title of "banquet"; but it is always the same swindle, no matter under what name it masks. This year it was a collection of cold broken meats of unsavory quality and uncertain age, with a little ice cream, some indigestible cake, music, and dancing; but in whatever else it lacked, it had a superabundance of impudence on the part of the waiters. In anticipation of this excursion no supper was taken at the hotel—the "collation" being the gift of the hotel. It was, therefore, not a pleasant bit of experience on the cold and disagreeable evening which it proved to be to many of our members unprovided with overcoats and wraps, after trusting to the promised feast for replenishing the wasted fires, to find themselves in the presence of the sham which was served as a collation. Had there been, even of that which was served, a sufficient quantity to go around once, it would not have been quite so bad; but the quantity was short as well as the quality. Don't let our Local Committee of Arrangements inadvertently play into the pockets of the over-thrifty hotel man by such detestable jugglery as has been practiced for the past two or three years. If the Institute must have a banquet, let it be manly about it; order one and pay the bill, and not trust to it as a gift.

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Next, the hotel accommodations. Can we never be assured of an honest deal in this respect? Must we always leave the sessions of the Institute with a cuss-word or two lingering on our lips because of the hotel? Last year a petty swindle was perpetrated or sought to be perpetrated on every physician who had his room at the Institute's hotel, by charging him a per capita of one dollar for baggage, a most transparent swindle. This year it has been in the shape of "tips" to the servants. May we not implore our Minnetonka friends to provide for us three meals per day and a clean bed at a stipulated figure; and this figure, be it what it may, when once agreed upon, to include beyond all peradventure these prime essentials, without extras, unless extras are indulged in? Pray do not put us at the mercy of one hotel, which, seeing our helplessness because of a paltry reduction, fleeces us in every other conceivable fashion.

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To give a "tip" to the servant for services performed is not a crime *per se*, but a poor example for others. The amount of these *douceurs*

given by our members was not of a proportion probably to embarrass any one; but it is a shame, an outrage, without one redeeming grace, to be obliged to deposit in plain view of the pirate of the dirty napkin, celluloid collar and alpaca jacket, a fifty-cent piece, before one can even catch his eye; and, if by dint of perseverance the guest thus slighted succeeds in getting the attention of the immaculately appareled head waiter, and thereby secures service begrudgingly given, to be audibly damned, and mocked and derided by this relic of robberdom, is not what the members of the Institute deserve, and a something to which they ought not longer tamely to submit. Better far pay four dollars per day—or whatever the regular rates of the hotel may be—and be thereby assured of ordinary courtesy, than to get a reduction of one dollar per day at the hotel office and be compelled to pay from one to two dollars per day to the waiters and other servants.

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These strictures have naught whatsoever to do with the value and usefulness of the Institute. They are directed at some of the abuses which have one by one been eliminated from our annual sessions. We respectfully commend our protest to the attention of future local committees in the hope that such precautions may be taken in advance of the annual session as will insure us courteous treatment and freedom from robbery.

—The New York *Tribune* tells of a handsome girl of sixteen, living at Arkwright, New York, who has never seen the world by daylight, though able by lamplight to sew and read as well as anybody. She was supposed to be totally blind until she was five years old, when her parents noticed that after lamplight she gave evidence of seeing, but never during daytime.

A CENSURE ON A MIDWIFE.—In the case which has occurred at Birkenhead, we have another instance of a midwife endeavoring to perform an obstetric operation, about which she could have known very little, and for the performance of which she proved herself utterly incapable. Of course it is well known that any one may legally perform any operation, no matter how difficult or important it may be. If, however, he or she fails to prove that the operation has been performed with competent skill, then an action may be brought against the offender. It is evident in this case that competent skill was not exercised, the midwife having failed to remove the whole of the adherent placenta: the coroner had therefore good grounds for censure, and the midwife may be thankful for the good fortune which permitted her to escape with so slight a penalty. Once more the necessity for legislation for the examination and registration of midwives is brought before us. An excellent bill is already in existence, and generally approved and adopted. The action of Parliament alone is required. In the mean time the lives of mothers are daily sacrificed by ignorant and self-sufficient women, who undertake the duties of a calling requiring careful training and guarantees of efficiency. Public safety demands the attention of our legislators to put an end to this disgraceful scandal.—*British Med. Journal*.

So say we all of us.

j. p. d**A**ke.
t. f. s**M**ith.
s. lili**E**nthal.
a. c. cowpe**R**thwaite.
t. y. k**I**nne.
henry **C**allen.
m. j. ch**A**pman.
o. s. ru**N**nels.

c. e. f**I**sher.
reube**N** ludlam.
conrad we**S**selhoeft.
c. bar**T**lett.
l. a. phil**I**ps.
pember**T**on dudley.
j. d. b**U**ck.
t. m. s**T**rong.
w. tod h**E**lmuth.

c. h. go**O**dman.
l. l. dan**F**orth.

selden **H**alcott.
wm. c. g**O**odno.
j. a. ca**M**pbell.
phil. p**O**rter.
clarenc**E** w. butler.
john w. d**O**wling.
scott b. **P**arsons.
sh. le**A**vitt.
l. p. stur**T**evant.
lewis s**H**erman
a. cla**Y**pool.

SOME OBSERVATIONS IN THE TREATMENT OF DIABETES.*

BY J. M. SCHLEY, M.D.

DIABETES insipidus and mellitus are both ill understood from an ætiological as well as pathological standpoint, and in the few remarks I have to make I will speak alone of the latter form of the

* Read before the American Institute of Homœopathy, 1888.

disease, from the fact that we meet it more frequently and are still groping around for some drug to relieve it. It is claimed by many that diabetes m. is decidedly on the increase, and that in newly developed countries where wear and tear is at a continuous maximum pitch nervous disorders easily arise, and such a beginning is the first necessary link to complete the chain.

In our own western countries and in Australia we note items recording this subject frequently.

I will pass over the many factors supposed to cause this malady, its history, imperfect pathology, hereditary influences, reported *cures* of diabetes about the diagnosis of which a halo of suspicion may hang, etc., and will give you J. Seegen's views concerning this strangely working disease in a few words. He claims that it is a malady having for its exciting cause, first, some marked *nervous* shock, injury, abuse ; second, this morbid state (functional or organic) of the nerves, affecting the medulla, cerebellum (cerebrum), the spinal column and nerves issuing therefrom holding sway over the processes of digestion, nutrition and excretion, perverts their work. He holds it in his writings to be a nervous affection.

Greisinger—quoted by Roberts—tells us that few people live after its recognition longer than three years—though there be exception to this. If this be so, and we may take it in part as true—for Greisinger has had large and bountiful opportunities for definite and accurate observation—then anything we may do to prolong such a person's life beyond this limit in some degree of comfort is our simple duty. I maintain this may be done. In 100 cases ending fatally, and collected by Greisinger, we note the following table as showing the duration of diabetes:

Under 3 months.....	1 case
Between 3 and 6 months.....	2 "
" 6 " 12 ".....	13 "
" 1 " 2 years.....	39 "
" 2 " 3 ".....	20 "
" 3 " 4 ".....	7 "
" 4 " 5 ".....	2 "
" 5 " 6 ".....	1 "
" 6 " 7 ".....	2 "
" 7 " 8 ".....	1 "
Undetermined.....	12 "

We note then that about 20 cases out of 100 survived their third year, and after that period the remainder held an uncertain tenure of life. The progress of diabetes is generally uniform and continuous, though

sometimes we may meet with cases where the glucose disappears for a time entirely, to return in its original quantity or in a lesser degree.

There are three considerations I should like to place before you, the one as equally important as the other,—*i. e.*:

I. The establishment of the diagnosis between glycosuria or diabetes.

II. Willingness of patient to submit to necessary dietetic regulations.

III. Medicinal and spa treatment.

It seems to me that the differentiations between the disease as described under the head of glycosuria and diabetes is somewhat misleading. Glucose in the urine in any degree or quantity is a morbid entity, and we may on the same ground try to split the difference between a wee tubercular spot in the lung and a portion solid or breaking from the same morbid cause, but a little further along in the race. Glycosuria from whatever cause, as fall, pregnancy, over-eating of saccharine substances, needs as much careful attention as the fully developed diabetes. I have seen in my own private practice one case commence as a quasi-glycosuria, merely traces of glucose occurring from time to time, then steadily in small quantities, and now diabetes has appeared. This case came under observation eight years ago. The glucose voided now is 4%. Intense worry, continuous anxiety and sudden shock from unexpected deaths in her family, aggravated a nervous predisposition to the disease. There was no hereditary history. Here, then, in my opinion was a simple case of glycosuria—none of the symptoms of diabetes being present until within the past two years. At first the amount of glucose seldom went above 0.03. This patient is under observation and is improving,—Carlsbad is held as a last trump card. Such cases of glycosuria should not be dismissed from our minds, after an analysis where no glucose is found, as cured. I believe such cases are liable from any exciting causes to run into a well-marked picture of diabetes passing several hundred grains of glucose in the 24 hours. Greisinger reports a case of glycosuria (?) in a medical student where glucose was excreted in varying quantities for the space of one year when it suddenly disappeared and after a year's lapse of time no trace could be found. We do not feel justified in stating this man is permanently cured. His ill nutrition was brought about apparently by repeated wettings while on botanical hunts. Whatever the prevailing opinion may be on this subject, it is one still in an unsettled condition. I have three cases of glycosuria now under observation, one in a young lady twenty-one years of age, one a gouty lady forty-four years of age, and one in a gentleman fifty-three years. In none of these are any constitutional symptoms, intense thirst, unusual appetites, loss of flesh present. Let us consider that we have diagnosed a case as diabetes mellitus from a careful quantitative and qualitative analy-

sis from the whole urine voided in twenty-four hours. If there be any doubt in the matter let us submit it to an expert or some one equally competent to give us full information. We should have no haphazard diagnosis, no uncertainty. We must say the case is thus and so. We hear of cases *cured* by arsenicum, nitrate of uranicum, chloroform in dilution, etc., etc. We must take such statement *cum grano salis* because no analytical examination accompanies them. We admit that some cases of diabetes mellitus are curable and that some are apparently cured. J. Seegen tells us that unless a diabetic adheres strictly to dietetics he will relapse and his disease run its even tenor until death follows. He has known of none of the several hundred cases observed by him at Carlsbad, and carefully followed year after year at the Spa, and again by mail after they left, who could return to their old methods of eating. Seegen was a painstaking man in all his methods; he was truly scientific, and to him in Austria, Ferichs in Germany, Bouchard in Paris, and perhaps Johnson and Murchison in England, we owe much of our increased knowledge on this subject. To show how diagnoses (?) of diabetes are made,—A little relative of mine was sent home from a fashionable watering-place with the diagnosis of diabetes mellitus. The physician had requested to see the quantity of urine voided in twenty-four hours, and as the pot was about two-thirds filled he pronounced it a serious case. No further examination was made, as to the number of ounces voided, specific gravity, presence of glucose, albumen etc. I approached the task of examination with fear and trembling. The urine of twenty-four hours amounted to 48 ounces, was acid, specific gravity 1016, light amber color, albumen none, glucose none with most careful test; amount of solids about 53 grams, sediment scanty. Microscopical examination revealed nothing pathological. I do not go astray when I assert that many diagnoses of diabetes mellitus are made just in this fashion. It requires time, patience, and some experience to analyze the urine accurately.

A well-known old-school physician of this city asserted that he saw very many cases of diabetes mellitus,—when on close inquiry it was found that most, if not all, his analyses might be called in question! I have learned personally from two well-known (urine) microscopists and chemists that they do not meet with more than two or three per cent. of diabetics among all the urinary examinations they make. I know them both to be most observing and painstaking in such matters. My own experience would about coincide with that of these two gentlemen. In the incipient stages of diabetes, I hardly think the symptoms of a little later stage are present, but the chemical test will prove it present readily. Before we assume to cure a malady let us be positive that we are right in our diagnosis; else little attention is given us, and our results are laughed at.

When we come to our second consideration, "willingness of patient to submit to necessary dietetic regulation," we may dismiss it from further notice by simply stating to the patient that without such restrictions you will not undertake to treat him.

And when we come to our third consideration embracing as it does the medicinal and if necessary the Spa treatment, covering under these two headings also the prognosis, we reach a point in our text as important as the diagnosis.

The great question pertaining to the disease is its curability. Most cases can be ameliorated, and the patient's life prolonged for years in comparative comfort, and others dependent upon atrophy of pancreas as described by Lancereaux, run a rapid and fatal course. No treatment here seems to be of any avail. During the past six years I have had seven cases of diabetes under my personal care. The first was that of a German shoemaker. He was under observation eighteen months, and died in a profound coma of twenty-four hours' duration (acetonæmia). This man had had several such attacks, and would lie in them hours at a time. He voided as a rule 120 ounces daily, and ate enormously.

The next case died from a complication of Morbus Brightii, cardiac hypertrophy, etc.

One has passed from under my care, is alive, though his trouble is gradually tightening its grasp. The other four are still being treated with decided benefit. All four of these present rheumatic troubles. Three have visited Carlsbad, and while there their glucose disappeared entirely from the urine, and remained absent until gross imprudence in eating and drinking brought a relapse. One of the patient's cases was full of interest to me. He came under my care in January, 1833. He was passing at my first analysis 1923 grains glucose per day. In five months no glucose could be detected, and his urine had fallen from 90 to 60 fluid ounces. He was thrown from his buggy a few weeks after the last analysis. While he lay in a semi-comatose state, no sugar was detected and he voided from 32 to 44 ounces daily. About six weeks after the shock it was re-established in less quantity, and no treatment was of any avail. An absolute meat diet for four days did not remove the sugar. Carlsbad, on a no stricter régime than here, completely suppressed all traces of glucose, and on his return to this country he was a different man; his memory was clearer, hypochondrism removed, conversation bright and animated, gait steady, thirst marked by diminished appetite, moderate, no loss of flesh, etc. In another case a little less severe, after Carlsbad he remained six months well of his glucose. This gentleman is at present writing well and has been so for several weeks, and will remain so unless he indulges too freely in starch and saccharine substances. The other cases are about a repetition of these two. They have been under

observation for two and three years respectively, and are improving in every way, but a "kur" at Calsbad will have to be resorted to.

All these cases have been seen by other men here and in Europe, and diagnosis established. To sum up my experience, limited though it be, I would state it to consist, first, of using the indicated homœopathic remedy; second, strict dietetic regulations; third, Clemen's solution of arseniate of bromine; fourth, Martineau's treatment (especially in rheumatic subjects) of arseniate of soda and carbonate of lithia in water charged with carbonic acid gas; and last a thorough "kur" at Carlsbad. This kur must oftentimes be repeated. Should I or any of my family develop diabetes mellitus I would place more reliance in the Carlsbad Spa than anything else. Seegan saw all of his cases benefited. Dr. Klawaceks, out of seventy-nine in Carlsbad, saw their glucose disappear save in one case who would drink beer.

NEW YORK.

TRAUMATIC COMPLICATIONS OF PREGNANCY.*

Sheldon Leavitt, M.D.

AMONG the questions which confront us in pregnancy is that concerning the risk of premature expulsion of the product of conception arising from traumatism, whether accidental or surgical.

We may look at the subject from several sides, but the view which we now design to take of it is the surgical conditions occasionally arising, which in a non-pregnant state would indicate surgical interference, and the weight of the contra-indication presented by pregnancy must be known in order that an intelligent opinion concerning the advisability of an operation may be formed.

The chief danger arises from reflex effects on the uterine vascular fibres, expressing themselves in immoderate contractions. But there are other dangers, namely, destruction of foetal life from maternal hæmorrhage and likewise from maternal toxæmia.

In considering the first of these risks, we ought to recollect that the uterus is not at rest during gestation, but is in rhythmical contraction. Throughout the greater part of pregnancy, this organ, as we can easily demonstrate, never wearies of contracting and relaxing at tolerably regular intervals. Labor itself is but an intensification of this action. This truth being recognized we readily see with what facility irritation

* Read before the American Institute of Homœopathy, 1888.

applied to certain parts of the body may, by reflex action, augment uterine energy and precipitate expulsion of the immature ovum.

The womb, like other organs, responds much more promptly to irritation existing in one part of the body than in another; and therefore extensive traumatism can be inflicted with comparative impunity over certain areas, while rapid effects follow interference with others. Then, too, in some women the reflex function is on the *qui vive*, while in others it is extremely lethargic.

Little experimentation is required to determine that stimulus applied to the mammæ, the external genitals, the anus, and the uterus itself, quickly excites the uterine muscles. Accordingly it has been found that operations involving these parts are more frequently succeeded by abortion.

When women are in a state of health, and free from morbid predisposition, normal pregnancy is not easily interrupted. Matthew Duncan mentions a case wherein an intra-uterine stem pessary was introduced and worn for some time during pregnancy without exciting miscarriage. A woman seven months pregnant jumped from a third-story window to the pavement without suffering abortion, though she broke both legs and both arms. Operations of all degree of severity have been performed with immunity from the result in question. Limbs have been amputated, ovaries have been removed, the vaginal portion of the cervix uteri has been cut off, and subserous fibroids have been taken away by laparotomy. Aye ! when women such as the subjects of the accidents and operations set about procuring abortions, they and accessories are sometimes driven almost to desperation by the futility of the efforts.

On the other hand, a slight strain, or an insignificant wound, in certain women, is sufficient to precipitate uterine evacuation.

In a woman who has no disturbance of functional activity, no depreciation of vital energy, and no morbid predisposition to miscarriage pregnancy is interrupted only by certain efficient causes operating at a favorable moment. To such patients irritation may be strongly applied for a brief period, without harmful effects, and it seldom becomes overpowering unless unusually prolonged. They may fall down-stairs, or they may be incised in vital parts, and still hold tenaciously to their immature progeny. But even such women will finally yield, though with reluctance, to the cumulative force of reflex energy set in action by irritation of long continuance.

Again, the monthly molimen is during pregnancy not wholly suppressed, but only under restraint; and influences which, at other times, would be innocuous, are, at that particular period, capable of doing serious harm. For this very reason, women with a propensity toward miscarriages require to be held in check, or put into strict quarantine, at such times.

But what can be said of those who, from a slight shock, a high step, a long walk, or a stirring emotion, to say nothing of severe traumatism, cast their untimely fruit? They make larger drafts on our time, our patience, our ingenuity, our tact, our skill, our discretion, and our sympathies, even in their best estate.

Apart from reflex causes of abortion after accidental or surgical injury, we ought not to forget that uterine evacuation may be brought about from harm accruing to the fœtus through maternal blood-loss, uterine congestion, and general maternal toxæmia. Prior to the operation or injury, the woman may have been anæmic, so that a sparing hemorrhage would so impair fœtal nutrition, already low, as to extinguish life. Again, strong uterine congestion may rupture some of the finer decidual vessels and destroy the functions of so large a part of the placenta that fœtal life can no longer be sustained. Finally, inasmuch as the fœtal blood is aerated by the maternal blood through the process of osmosis, it follows as a necessary consequence that profound toxæmia of the mother has a marked effect on the unborn child. It can bear a certain degree of contamination without fatal result, but, as with us in vitiation of the atmosphere by poisonous gases, when that certain point is passed it falls a prey to baneful influences.

To recite cases wherein serious operations were performed during utero-gestation without interruption of its course would profit little. They are by no means numerous in the practice of any one physician, and sound deductions can scarcely be drawn from my note-book or yours. Cohnstein, who devoted considerable time to the study of this subject, was enabled to collect sufficient data to establish a fair view of the danger of miscarriage which awaits upon serious traumatism. He says that, in 54.5 per centum of all cases, pregnancy goes on to a natural termination.

As evidence of the wonderful tolerance exhibited by some pregnant women, we may cite a case related by Frommel, in which a subserous fibroid, with a sessile base, occupying considerable of the uterine wall, was removed. Convalescence was protracted by iodoform poisoning, but pregnancy continued an uninterrupted course. The physical state of his patient, and her environment as well, must have been of the most favorable kind.

Treatment: Reflex effects can be greatly diminished by the employment of anæsthetics, and that too without special danger to the fœtus. Ether is oftenest the chosen agent, but I am convinced that its effect on the child is more pernicious than that of chloroform. The latter anæsthetic seems peculiarly adapted to the pregnant woman, and by general consensus of opinion its dangers in midwifery practice are but a rumor from *nil*. Then, too,—and this is a consideration of some

weight in this connection,—vomiting is less likely to result from its administration.

The best prophyllactics are the antipsoric remedies, and, in my opinion, prominently *sulphur* and *calcareo carb.* Temperament and general physique are the best indications upon which to base our selection.

Sulphur.—For women of nervous temperament, inclined to be thin, and narrow chested, skin rough, sense of weakness through the pelvis; flushes of heat and frequent faintness. Previous history of sparing flow at the month.

Calcareo carb.—Leucophlegmatic temperament, fair complexion, inclined to stoutness, clumsy; feet cold and damp. Previous history of profuse flow.

There are many other remedies for use before and after traumatism, among which should be mentioned *arnica*, *hypericum*, *caulophyllum*, *secale* (neither of the last two lower than 3x), *pulsatilla*, *arsenicum*, *gelsemium*, *china*, etc. Moreover, I would not hesitate to appeal to *opium* for its soothing effects after severe traumatism, just as I would to chloroform or ether during the operation.

CONCLUSIONS.

1. Cases differ in their proneness to miscarriage, and that, often, without the proclivity being recognizable before surgical interference.

2. Women giving evidence of quiet and orderly reflexes, with no history of abortion, are the most hopeful subjects.

3. Operations on or about the genitalia are most likely to provoke an interruption of pregnancy.

4. Taking cases as they present, it has been found that the majority of them continue an uninterrupted course.

5. There are three weighty considerations respecting the advisability of interference: (a) Is the existing irritation, if continued, more dangerous than the briefer shock of an operation? (b) Will labor be seriously complicated by the existing conditions? (c) Will delay endanger life through extension or growth of the lesion?

If these questions are answered affirmatively, and conditions seem favorable, then the operation ought to be undertaken.

6. The best time to operate is midway between what would have been menstrual returns.

7. Under homœopathic care, both before and after operative procedure, the probability of uninterrupted of pregnancy is rendered decidedly more promising.

148 Thirty-seventh Street, CHICAGO.

AMERICAN INSTITUTE OF HOMŒOPATHY.

(Conclusion of report of meeting of 1888.)

THIRD DAY—EVENING SESSION.

THE President appointed the following chairmen : Dr. Charles Deady of New York, chairman of the bureau of Ophthalmology, Otology and Laryngology. Dr. Sheldon Leavitt of Chicago, chairman of the bureau of Obstetrics.

The chairman of the bureau of Materia Medica thereupon read his bureau address.

The Institute then adjourned until nine o'clock to-morrow morning.

BUREAU OF MATERIA MEDICA.

Immediately following the adjournment of the Institute the Bureau of Materia Medica was called to order with Dr. A. R. Wright in the chair. The first paper presented was by Dr. H. C. Allen of Ann Arbor, entitled "Zincum and Sepia ; a comparison." He said that the special indications for sepia and zincum in nervous and uterine diseases are generally in sharp and striking contrast, so that a differentiation is usually not a difficult matter, although some peculiarities under the general sphere of action are liable to be confounded. He thereupon read the compared symptoms, which he further stated were taken from Hahnemann's works, for notwithstanding he had had thirteen provers promised he didn't get a symptom worthy of transcription.

Dr. Boothby moved that in the absence of their authors all other papers be read by title. Under this ruling the first paper so read was that of Dr. S. Lilienthal, "Zinc and its Salts in Cerebral and Spinal Diseases."

Dr. T. G. Comstock wished to know what potencies were given to produce the results mentioned in Dr. Allen's paper.

Dr. Allen explained that the results presented in his paper, as already mentioned, were taken from Hahnemann's works, as his provers failed to elicit symptoms sufficient to warrant a record.

The Chairman—Dr. Leonard mentions the sixth potency in his paper, which had been read by the chairman.

Dr. Wm. S. Gee of Chicago read a paper on "Zincum Phosphoricum," wherein he detailed his difficulties in obtaining provers and provings, eliciting, however, quite a number of excellent results.

He was followed by Dr. A. M. Cushing of Springfield, Mass., with "Verifications of Zincum." Among the symptoms which to him were especially guiding and characteristic he mentioned frequent discharge of green mucus from the bowels, little or no fecal matter, pain and tenesmus, face had a pinched, contracted look, face and head cool, eyes staring, pupils contracted, head thrown back and rolling upon the pillow, or crying out, starting in sleep, sleeping with eyes half closed, at times strabismus, throwing the limbs around, urine high colored and passed at long intervals ; these symptoms were promptly removed by one dose of the sixth given in divided doses. In another case a child of eight months, afflicted with cholera infantum, presented hydrocephaloid symptoms from the first: head cool and alternations of heat, head and eyes burning, crying out in sleep, frequent spasms of facial muscles. From the first invasion of the disease to the point of crisis the pulse maintained a high rate—from 105 to 107. Various remedies were given

without result ; a prominent physician declared the child must die ; still zincum met. in the twelfth produced a rapid cure. He called particular attention to the coolness of the head as distinct from the rest of the body. Dr. Cushing then read a case of measles in a patient of 34 ; when eruption appeared, resembled a case of confluent small-pox ; had a brown, mahogany color, high fever ; with great difficulty could the thumbs, wrists and arms be moved ; felt stiff and numb and dead. Gave zincum zooth, a dose once in 15 minutes for an hour, with instant improvement and a proper continuation of the remedy brought about a complete restoration.

Dr. Van Denburg—The fidgety feet that is considered so characteristic of some of the zincum preparations I desire to confirm. I had a case about four months ago in which that was the only symptom ; patient couldn't lie still, must kick about ; a powder of zincum 3x brought instant relief. Another case of uterine disease in which the same thing was manifested, and a constitutional constipation was present ; all these relieved by zincum 3x. This party lived some distance away and had sent for medicine describing these symptoms. I sent a few powders of zincum 3x containing each about a grain, or a grain and a half powder with the directions to stop taking the moment improvement was marked. The patient kept up the use of the powders for four or five days, and subsequently reported that the restlessness disappeared on the second day.

Dr. Comstock asked Dr. Gee if he had had any experience with phosphide of zinc in skin diseases.

Dr. Gee answered in the negative, and had only used it a few times clinically, but not sufficiently to have any valuable or characteristic symptoms to report.

Dr. Comstock—I can report two cases of that most intractable disease imaginable—shingles—which, as we all know, is a nervous disease from special origin, where phosphide of zinc, the third attenuation, in both cases, seemed to relieve the nervous symptoms very much. The symptoms principally were pain, itching, and depression, pains of a rheumatic character in both instances all over the body, in the chest, arms, and limbs, with sleepless nights, melancholia, etc.

Dr. Van Denburg mentioned a case of diarrhœa, where the patient improved quickly upon discontinuing the zincum.

Dr. E. M. Hale—I want first to express my satisfaction and gratification at the work done by the bureau. The verifications are all very good. The chairman of the bureau could surely not have made a better selection in view of the genius of disease of this decade, for this is the age of cerebro-spinal troubles, and they are rapidly increasing. It happens that zincum, in my experience, is one of the most salient remedies for that peculiar affection. I am glad that Dr. Comstock mentioned the phosphide, which, of all the preparations of zinc, has given me the greatest satisfaction, and probably the reason is that in that preparation we have the pure phosphorus mixed with the zinc, and we naturally get the curative effects of both drugs. In the phosphate of zinc it is different, because we get no phosphorus, and the phosphoric acid which entered into it is nearly all eliminated. Dr. Gee's proving, fragmentary as it is, gives us pure zincum symptoms, and very well marked ones. I am sorry we didn't hear Prof. Lilienthal's paper, because he mentions picrate of zincum, having used it in brain fag, in

which the particular symptoms present a compound of picric acid and zincum. The picrate of zincum, it seems to me, corresponds better with the cerebro-spinal troubles at present abounding of the erethic character. Another excellent preparation of zincum is the cyanuret, which presents all sorts of depressions of the circulation and irregular pulse—the palpitation, the fainting, and the syncopic symptoms which, undoubtedly, proceed from the brain. I want to call attention to another peculiarity of zinc, which I think has never been mentioned, and that is the singular power it has over high temperatures. It has generally been supposed until lately that a high temperature meant fever, but neurologists know now that an exceedingly high temperature may not be fever at all, but be due to a peculiar nerve tension. Some ten years ago I had a girl, a victim of the high school pressure; she complained of headache. I was called and found the temperature 105° , the skin cool, particularly the head, pulse slow and soft. That headache increased in intensity for seven days, with rising temperature, until it reached 108° , still without warmth of the skin. She wanted to be in a dark room; did not want to be touched or annoyed, simply said she was sleepy and her head ached. I tried *veratrum viride* and *aconite* and *gelsemium*. On the seventh day it occurred to me that zincum might be the remedy, and so gave the 6th trituration. Next morning she felt better, and wanted to go to school again. Since then I have invariably given it in cases of high temperature where there was no inflammation to be discovered anywhere.

Dr. John C. Morgan of Philadelphia, asked if the high temperature of scarlatina would be looked upon as a symptom for this remedy?

Dr. Hale—I think it would. Some of the older members of the Institute will remember that Dr. Erb of Dresden recommended zincum for all the complaints of scarlatina, especially in the collapse.

Dr. Chas. Mohr of Philadelphia, desired to add a little to the discussion this evening upon this important subject. I am very glad that Dr. Hale has referred to the use of zincum and to some of its salts in these nervous troubles which are so common at the present day. You will frequently find zincum of some efficacy in cases where you see phosphorus outlined, but find the latter remedy without good results. In respect to phosphide of zinc I have never had any experience; but in provings of the zincum phosphoricum I have developed pains and symptoms of the skin, in the chest, with depression of the circulation, which very closely resemble the symptoms of herpes zoster or shingles, to which Dr. Comstock referred. I want to emphasize what was said in respect to the use of zinc, because I have had some experience in that direction, particularly in cases of ovarian neuralgia and especially of the left, occurring in women from over-work, mentally or physically; where there is tenderness along the spinal column; where walking any great distance will tire them out greatly; stepping or descending stairs will cause the legs to give out. In such cases the pains are of a burning character, almost always felt between the periods, and are markedly relieved during the period. I also desire to refer to zincum in uterine cancer for relieving the sleeplessness with fidgetiness of the feet. It is not wonderful that we have this fidgetiness of the feet as a prominent symptom when we remember how the zinc smelters are affected. How? Reflex activity of the legs and feet. I will call attention to a peculiar case in a maiden lady about 42 years old who had had some ovarian

difficulty associated with excessive constipation, the stools being quite small and passed with considerable pain. I tried everything I could think of, and finally decided that a physical examination must be had, to which she reluctantly consented, believing that some malignant abdominal disease complicated the case. On examination I found what I suspected to be a tumor involving the rectum, of what character I was not prepared to say; but that a growth was there I was absolutely certain. That woman suffered with the pains, the sleeplessness, the constipation, and tenesmus similar to that of *nux*—which by the way is another characteristic of *zinc*—and the fidgetiness of the feet at night. On the evening that I made the examination she became so nervous, so excessively fidgety, that she begged me to relieve her by a hypodermic injection of morphia. I decided to play a trick upon her, so I put into my syringe a solution of *zincum metallicum* 30th, and injected it into the gluteal region. Within a very short time after that she quieted down, slept the best part of the night, was ever so much better the next day, continued to grow better, and that woman is alive to-day in absolute good health. I don't know whether she has got the tumor or not, and she doesn't know and don't care. That was all the treatment she had.

Dr. Hoag—There is one thing that has always been impressed upon my mind in the use of *zincum metallicum*, because it was the first patient I ever had. Upon returning from my first course of lectures, my preceptor at that time was in an epidemic of scarlet fever. The day I returned he was called suddenly to see a very sick child about twelve years old, out in the country. He took me with him. We found that the child had in the midst of the height of the eruption, gotten up in the absence of the attendant—it was in the spring of the year—and run out doors. There was instantaneous retrocession of the eruption, and appearance of convulsions. My preceptor was undecided between *zincum* and *cuprum*; but I, being fresh from college, urged the use of *zincum*. *Zincum* was given. He left me there to give the medicine, as he was in a hurry, and if any decided change took place to give *cuprum*. It resulted in a complete recovery from the use of *zincum* alone.

Dr. N. Schneider of Cleveland—It seems to me that we should be a little careful in the statements we make before this Institute, because they are all recorded and go abroad, and if erroneous, will cause us to be ridiculed. Prof. Mohr says that he made an examination of a woman, found a malignant tumor in the abdomen, which he cured with the 30th of *zincum* in one injection.

Dr. Mohr interrupted Dr. Schneider to say that his statement was that he suspected that this woman had a malignant tumor, and acting upon this idea he had called for an examination, and upon making that examination found what he supposed was a tumor in the rectum, the nature of which he could not make out. It may not have been a tumor at all, but this woman had suffered for years, had been under treatment of eclectics and homœopaths, all without effect: this betterment was the result of the injection of one dose of *zincum met*. The syringe used was an ordinary one, but never had opium in it. He believed he was competent to detect a fecal mass and not mistake that for a tumor.

Dr. Schneider—The impression was out that Dr. Mohr had detected a malignant growth in the rectum, and had cured it with one dose of *zincum*; but under the explanation nothing was left to discuss.

Dr. C. W. Butler, of Montclair—Speaking of tumors reminds me of two which were produced by zincum met. A lady came to me who had been married six years without issue. She presented zincum met. symptoms. The peculiarities in the case I cannot now give in detail, but prominent was the ovarian neuralgia with this relief during menstruation. Three months afterwards she became pregnant with great relief through the intermenstrual period. In another case a lady, married, twelve years without children, presented similar symptoms as the first case, was given zincum met., passed only one period and then became pregnant. I prescribed simply upon the symptomatic basis.

Dr. Comstock—I think Dr. Mohr's supplemental statement of the gluten suppositories and injection explains the cure. Dr. Hale has mentioned Dr. Erb. This recommendation of Dr. Erb will be found some twenty-four years ago in the *American Journal of Homœopathy*. Dr. Erb suggested the giving of zinc in cerebral affections of children, and for many years in consultation and private practice I have done so; also in scarlet fever and measles with repercussion. Dr. Hale has mentioned antipyrin. It is used in St. Louis by half the people and very much in the southwest; almost the first case where I knew that antipyrin was given proved to be a fatal one; nervous headaches and neuralgias were the principal difficulties.

Dr. Hale—I never use it as an antipyretic, because I do not believe in it. I think we have no right, physiologically or morally, to depress the circulation merely as an effect. Still I will say this, that I never used a remedy for migraine or dysmenorrhœa or nervous sick headache with so much satisfaction as I have with antipyrin.

Dr. H. C. Allen—What are the symptoms?

Dr. Hale—The symptoms are the worst kind of migraine possible. Of course until we get provings we can get no symptoms, but after you have used sanguinaria and iris and belladonna and your patient is no better, give five grains of antipyrin and your patient, in nine cases out of ten, will have a prompt and decided relief. That is all I know about it.

Dr. Allen—If Dr. Hale would write down his symptoms of the worst case of migraine that he has cured with antipyrin we would have a good scheme to go on for the next case.

Dr. Hale. The unbearableness of the pain; couldn't bear the light or be talked to. Some cases reminded me very strongly of zincum, and one peculiar symptom was the burning along the track of the affected nerve, so much so that she wanted ice applied to the parts, which, however, gave only momentary relief. In regard to the dose, I began with the first decimal trit., giving it with a good deal of caution, a grain and a half in a little water every half hour, and got no satisfactory results. I hold if we use a drug just as Hahnemann taught us we must use it according to the directions of those who were successful with it, be it the 30th or the crude. So I traveled on, trying to establish the dose that would effect the end desired, and have now hit upon five grains every hour. If I get no relief from the second dose I drop it.

Dr. Wright remarked that his preceptor gave it in an epidemic of dysentery.

Dr. Heber Smith being called on by the chairman, related his early experience with toxic doses of zinc. In 1869 70 about seventeen

fellow-citizens in a suburban town of Boston were poisoned through the service water conducted by means of galvanized iron pipe. The little village to which he alluded was situated at the bottom of a valley, so that the pressure of the water was enormous, and the consequent loosening of zinc particles in the lining. The chairman of the water board residing near this place had a large tank for receiving his water supply which was also lined with zinc preparation. Dr. Smith was called to his four year old girl, who presented symptoms of ordinary croup, or what seemed at first to promise laryngismus. She received the usual croup remedies. A very active fever set up, which seemed to proceed from the back of the neck. In another room was a little boy ten years of age with a peculiar condition of the pulse, which was about 40 a minute; he was pallid and complained of deathly sickness of the stomach. Soon other members of the family were taken with strange fidgetiness symptoms and reeling as from the results of a previous champagne debauch. After giving other remedies he remembered that this must be the zinc pathogenesis, and so informed the chairman, who upon examination with the doctor agreed that this was the zinc detached from the lining of the pipes which had caused all these symptoms. The brain paralysis of the girl was relieved by gelsemium. The little boy grew rapidly worse and finally died of paralysis of the heart and lungs. It seemed impossible to get his pulse above 40. Stimulants and wine seemed to distress him. An autopsy made in the presence of five others, but no one with great experience, disclosed very little beyond a softening of the mucous membrane of the stomach. These cases and the subsequent investigation of the service of the water pipe caused a great commotion. The doctor further detailed what steps were taken by the interested contractors to bring discredit on his diagnosis and disprove the charges, and how a lonely homœopath in that place was ultimately enabled by his courageous fight to cause such loss to the contractors that they have at this day but few advocates of the galvanized pipes throughout this land.

Dr. Morgan desired to call up the question of uræmic poison, but was declared out of order by the chairman.

Dr. Allen said that the bureau had started out with a few meager provings by Dr. Gee, but these, together with Dr. Smith's cases of poisoning, had brought out a vast amount of good material and verified the provings which Hahnemann and his disciples had left us. There is a cry that we do not do enough for materia medica. This can be remedied if we will. If every member here will agree to prove this coming year some preparation of zinc I will be one of fifty to do it.

Dr. Comstock wishes to know if Dr. Smith has had any experience with zincum in herpes zoster?

Dr. Smith has not; he has been so pleased with rhus and other remedies that he has never had occasion for the use of zincum.

The Chairman—In the first year of my practice I was studying up a case of spinal irritation with great earnestness, and was obliged to select zincum; and it has been a dear friend ever since. For about thirty years I have felt very much interested in it.

Mrs. Dr. S. N. Smith—I was called in consultation to a family who had lost, within three months, three children with apparently the same disease. From the attending physician I learned that she had given cuprum. I suggested zinc 200. It brought the child out of its con-

vulsions in an hour's time, and remained so for two or three days, but finally died of some trouble about the brain. On proving the remedy I found one symptom which has not been spoken of here to-night : this was an itching of the left side of the scalp, which continues to this day, and on the least excitement I find the effects on the brain very pronounced. My left hand, the tips of the fingers and the wrists, and in the course of a few hours more, the left foot, was markedly affected, with burning and restlessness and numbness. After retiring it kept me awake for hours, traversing the whole length of the spinal cord, but more on the left side. These were the immediate effects. Within twenty-four hours, I think, the right side began to show similar symptoms. I took the sixth decimal.

Dr. C. L. Cleveland has used zinc in many cases, and can bear cheerful testimony to its efficacy in cases of melancholia and depression.

Dr. Morgan drew a spirited comparison between the salts of zinc and *pix liquida* in certain forms of skin troubles.

The bureau then adjourned, having had a most interesting meeting, one having thus far had the best attendance of any section, and with a very evident desire to honor homœopathy by resuscitating the time-honored *materia medica* which had apparently fallen into disuse.

FOURTH DAY.

The Board of Censors reported the election of the following candidates to membership :

Oscar M. Barber, Mystic, Conn. ; W. D. Hough, Niagara Falls ; James M. Walker, Denver, Col. ; James H. Closson, Philadelphia ; Lucy J. Pike, Lynn, Mass. ; J. Harvey Keeney, Oswego, N. Y. ; W. A. Keegan, Rochester, N. Y.

Dr. J. P. Dake offered as standing resolutions the action taken by this Institute during an earlier day of its present session, as follows :

Resolved, That in the making up of lists of existing journals and institutions in any way illustrative of homœopathy, by the Bureau of Registration and Statistics and the Committee on Medical Literature, all such shall be recognized as embrace and recognize the homœopathic principle.

Resolved, That no journal or institution thus listed shall be stricken off without a distinct statement through the General Secretary to the Senate of Seniors of the charges brought against the same, and this not without due notice and opportunity for defense on the part of the journal or institution under censure, final action in this case being deferred till the succeeding annual meeting ; but the name of any journal or institution may be dropped from our list without ceremony after having failed to make report to the Institute for a term of three consecutive years.

On motion, duly approved, these resolutions were made standing resolutions.

Dr. O. S. Runnels—I now move that the action taken last year, striking the name of the *New York Medical Times* from the list of our journals, be rescinded, and that the name of that journal be restored.

Promptly seconded by Drs. Beckwith and Willard, the latter of whom continued at some length to say that it was an act of injustice to have stricken from our list a journal without giving it notice of the proposed action and an opportunity to defend itself ; it was contrary to the genius of our free institutions.

Motion prevailed.

The committee on the President's address being in waiting and prepared to report, in the absence of the Vice-President, Dr. Dake was chosen to fill the chair.

Dr. Beckwith, as chairman, then read the report of the committee.

It was ordered that the sections be read separately and acted on.

It was recommended that the recommendation of the President touching medical education be referred to the Committee on Medical Education.

Touching the matter of publication of papers presented to the Institute, the necessary changes were made in the by-laws so that no paper will be received by the Institute which has been in part or in its entirety published elsewhere before its presentation to the Institute. After it has been so presented to the Institute and acted on, it may be published elsewhere, if the author so elects, without invalidating their claims to publication subsequently in the Transactions.

Dr. H. C. Allen offered an amendment to the committee's report touching the publication of press reports to the effect that a special officer be appointed who shall have charge of the press work. This was lost. In lieu thereof the committee recommended and the Institute adopted the suggestion that the secretary be placed in charge of the press reports and that he prepare for the press such matter as he shall deem proper for publication, and that no report shall be presented to the press for publication of the proceedings not bearing the sanction first obtained of the secretary.

The report of the Committee on Medical Education was read by Dr. T. Griswold Comstock, of St. Louis, and accepted.

Dr. I. T. Talbott read the report of the Intercollegiate Committee, whereupon the Institute

Resolved, That the American Institute of Homœopathy heartily endorses the report and action of the Intercollegiate Committee in requiring from all graduates from medical colleges after the sessions of 1890-91 at least three years of medical study, including three full courses of didactic and clinical instruction of at least six months each.

Resolved, That this Institute shall after 1891 require from all applicants for membership graduating after that time a full compliance with the above requirements for graduation.

The president then appointed the following as the Committee on Medical Education :

O. S. Runnels, M.D., T. Griswold Comstock, M.D., T. Y. Kinne, M.D., H. Beckwith, M.D., R. W. McClelland, M.D., L. H. Willard, M.D., C. B. Kinyon, M.D.

The following resolution was then offered and adopted :

Resolved, That the chairman of the committee of the Institute on Medical Education be instructed to print separately the proceedings of the Institute and the Intercollegiate Committee of the present year regarding medical education, a sufficient number for distribution to the members of the Institute.

A resolution was likewise adopted to print the names of all who have ever been members of the Institute.

The Board of Censors presented for applicants to membership the names of Wm. F. Ninard, M.D., of Burlington, Vt., and Oscar Leseure, M.D., of Detroit, Mich.

Dr. R. Ludlam presented a memorial from the Woman's Christian Temperance Union asking for the appointment of a committee to further the cause espoused by this organization among physicians and their patients.

The memorial was accepted and a committee consisting of Drs. Ludlam, J. D. Wood, and J. P. Dake appointed.

Dr. Mohr then presented the report of the Committee on Drug Provings, which on motion was accepted and referred to the Committee on Publication with the exception of the one proving made by but a single person. Dr. Mohr was reappointed chairman of this committee for seven years, his term having expired with the present session.

Dr. Kinne offers the following resolutions :

Resolved, That the graduates of each class of our colleges be asked to form provers' clubs under the direction of the Committee on Drug Provings. That the chairmen of the committees on Pharmacy and Drug Provings and of the Bureau of Materia Medica and Clinical Medicine form a permanent committee of conference to formulate a scheme and mode for perfecting this work. That the homœopathic journals be requested to collect and publish such verifications and provings of remedies.

The bureau address of Sanitary Science was presented by Dr. Kinne in the absence of Dr. Stout of Jacksonville, Florida, who was unavoidably detained by the condition of his eyes and general health.

The Bureau of Gynæcology was voted for its further discussion any time which may be unused and heretofore assigned to other bureaux.

Dr. J. D. Buck of Cincinnati presented the bureau address of Psychological Medicine.

The bureau address of Anatomy, Physiology, and Pathology was then presented by Dr. D. MacLachlan, of Ann Arbor.

The special order of the day being called the election of officers for the ensuing year was had, with the following result :

Selden H. Talcott, M.D., of Middletown, N. Y., President ; T. Y. Kinne, M.D., of Paterson, N. J., Vice-President ; E. M. Kellogg, M.D., of N. Y., Treasurer ; Pemberton Dudley, M.D., of Phila., General Secretary ; T. M. Strong, M.D., of Ward's Island, N. Y., Provisional Secretary. Board of Censors, R. B. Rush, M.D. Chairman, Salem, Ohio ; Millic J. Chapman, M.D., Pittsburg, T. Franklin Smith, M.D., of New York, W. H. Dickinson, M.D., of Des Moines, C. G. Higbee, M.D., St. Paul.

The next annual session of the Institute will be held at Lake Minnetonka, Minn. At this point an adjournment was had until 8 P. M.

FOURTH DAY—AFTERNOON SESSION.

The Bureau of Gynæcology met pursuant to previous announcement made in Institute session, Dr. Porter in the chair, who announced that the subject for discussion would be Uterine Therapeutics.

Dr. John C. Morgan—I have deviated from homœopathic treatment pure and simple when I thought it was necessary by the exigencies of the case ; but I have gone back again and again in disgust, not finding anything that satisfied me so well in all cases as the pure homœopathic treatment. In one case particularly where I recently used an ordinary stem and it continually disappointed me in that the stem would be expelled by the uterine contractions ; as long as it remained *in situ* it

was well enough, but as soon as the expulsive effort began, as it did invariably, then the instrument was partially extruded, which of course necessitated its removal. I would like to know whether this cup-shaped stem is a positive prevention of that particular inconvenience?

Dr. Danforth—In the first place it is necessary to be sure that the stem passes well through the internal os, and while the shoulder is a very effective means of retention in the uterus, it is not absolutely so; and it is necessary in most cases, and is a very safe precaution and preliminary, and proper thing to do, to reinforce the retentive power by tampons, one or two of cotton—taking the non-absorbent cotton—and putting them against the cup-shaped shoulder and packing them very loosely around and against the cup; then the stem will be retained.

Dr. Morgan—Does not that necessitate a continual interference of the physician? You want to dismiss your patient. She doesn't want to be coming to your office so frequently, unless she is very wealthy; and in such cases they will be forever and ever on the physician's hands.

Dr. Danforth—The stem should never be introduced at the physician's office, as it is usually necessary to give ether for its first introduction, and the patient should be kept in bed during the time she is wearing the stem and undergoing the treatment—which should be carried out at least for one week and during that time the patient remains in bed. This method of dilatation has supplanted the cutting measures heretofore in vogue. I have not used the solid stem instrument in the uterus because it plugs up the uterus and all the secretions are retained, and thus set up irritation. Neither have I used the galvanized stem. This is of vulcanized rubber.

Dr. Phillips—The symptomatic indications alone would be no guide to the treatment of this condition. These we cannot detect by subjective symptoms alone. We must include the objective symptoms and combine local, that is, mechanical, treatment with remedial or symptomatic treatment. Then we are on grounds where some degree of success may be expected; but remedies alone based upon symptomatic indications will not assist us. Our materia medica contains almost no symptoms of a reliable character touching these conditions. The women of this and other medical associations have a duty to perform in this direction. It seems to me no one else can do it so well, as they can demonstrate in their own persons and upon such patients as they may induce to work with them, just what results may be obtained by the use of drugs. We cannot depend upon the symptoms affecting the organs themselves, or upon those of the pelvic region as indications for remedies. The effect of remedies without other treatment has not been found to be of any value whatever, as a rule, upon the organ; it does not relieve the malposition; it may relieve some of the nervous reflex symptoms which come therefrom; but that is still doubtful.

Dr. Albert Claypool—Instead of its being the symptomatic indications as applicable in neoplasms of the uterus, as announced, Dr. Hedge's paper was the Symptomatic Indications of Benign Neoplasms in a Diagnostic Sense. The doctor went on to give a comparison of the symptoms of the benign growths of the uterus in contradistinction to those of the malign order. The doctor lays great stress on the early diagnosis of these benign growths, claiming that in some cases by long continued irritation if not removed it would lead to a malignant growth, and his paper meant to give the stress on the necessity of recognizing

these benign growths early and removing them, either by medicines or operative procedures. He also says that some of these vegetations will extend over the mucous surface and so cause it to degenerate that it may lead on to malignancy. He also laid great stress on the symptomatology of those growths of the uterus involving the tissues themselves—the intramural—that they gave symptoms early which might lead one to prescribe remedies for ordinary congestions and flexions which were mechanically produced by the change in structure of the one side or one wall of the uterus, causing all of the symptoms of these easily removable conditions and likely to deceive the physician.

Dr. Schneider—The subject for discussion assigned to me is Nutritive Disturbances. As there has been no paper read I would say that it is stated that the uterus must have a proper supply of blood and a proper nervous distribution. It is also necessary that the material going to it shall be healthy in order that proper nourishment may be given. This brings us, of course, down to the point of the nutritive disturbances of the uterus, the cause of which may be systemic, but is generally local. It is from some local cause that the nutritive disturbances are produced; perhaps from some tumors pressing upon the nerve supply, or displacements of the uterus that interfere with the nerve or blood supply. The symptomatic indications for a chronically engorged uterus are heaviness in the pelvis, a general pain throughout the pelvic region, and more or less systemic symptoms. There is very seldom an elevation of the temperature; very seldom a quickening of the circulation; but they have headache, backache, pain in the limbs. The remedies that have a decided influence over this condition are belladonna for the chronic inflammation that you find, for this engorged condition. The next remedy is magnesia phos., whose pains are of a shooting character; lightning pains, stabbing and shooting in one part of the pelvis and perhaps shifting rapidly to another part. With belladonna there is rather a constant pain and it remains with the patient. It is more of heaviness of pain, what the colored people call a "misery." Following this I would also think of gelsemium. There is no treatment locally that will relieve engorgements of the uterus of the character that I speak of as hot water followed by local medication, such as glycerole medicated with iodine. I use hydrastis where the pain is dull and heavy. Then another method of treatment is local depletion.

Dr. W. D. Gentry, of Kansas City, Mo.—Some years ago in studying the materia medica I came across elaterium, in Dr. Burt's work, which said that when applied to a mucous membrane it produces a profuse flow of serum. I reasoned in this wise: if this is so, why would it not remove the engorgement of the uterus? I potentized it by making it one-tenth with cocoa butter. I had a case that I had been treating for some time that did not respond very readily to the application of the glycerole and hydrastis and iodine, and I concluded to try it upon that case. I introduced the capsule in the morning; that evening I was sent for to see her. I found the meatus urinarius occluded as completely as if collodion had been applied. Removing that the flow of urine set in promptly. The next day I called again and removed a wad of hardened serum as large as a hickory nut. To my very great astonishment she felt lighter and better, and the next day I made another application. I applied it every three days from that time with satisfactory result, and in one month she was well.

Dr. Schneider—I am informed that this Orange Blossom which is sold throughout the country as a proprietary medicine is nothing but elaterium.

The Chairman—It is a mixture of elaterium and the jequirity bean. Elaterium is an old-fashioned hydragogue that has been used by the old school in abdominal dropsy, and is now being used by the so-called specialists and quacks and is sold all over the country as Orange Blossom.

Dr. Hale—I had two or three cases occurring about the same time. One was during pregnancy, when about every month would occur a profuse watery discharge. When I say profuse, I mean enormous for the apparent capacity of the uterus, and she was afraid they would cause her to miscarry. The other two cases came between the menstrual periods. The lady would be taken with a profuse watery discharge, which would soil as many napkins in one period as she would ordinarily soil in six or seven actual menstrual periods. This was colorless and odorless. I used elaterium homœopathically because it has great power of causing enormous serous discharges from the intestinal canal. I gave the sixth decimal trituration of elaterium the active principle, which would be about the third decimal of elaterium in powder. I gave this three or four times a day. It acted promptly, and she has never had any trouble of that kind since.

Dr. Hoyt knew of a lady who was pregnant in the fourth month, who, on using Orange Blossom, miscarried.

Dr. Comstock—Would Dr. Gentry recommend this preparation in ulcerations of the uterus and erosions and engorgements?

Dr. Gentry—Yes, because it relieves that as quickly as cauterizing or anything else that can be used ; but in laceration it will restore the parts to a normal condition so that the operation can be better performed.

Dr. J. C. Wood, of Ann Arbor—Anything short of rapid and complete dilatation in my cases has been exceedingly unsatisfactory. I have only obtained good results by the rapid dilatation method that is ordinarily known as Goodell's. We get the greatest result always in treating cases of antelexion of the uterus with rapid dilatation. The congenital cases have always given me the most trouble, and in women who have never borne children ; indeed it is one of the causes of sterility. I have used the galvanic stem pessary mentioned by Dr. West, but have not used the stem referred to by Dr. Danforth. A certain increase in the size of the uterus will take place in cases of this kind, but I have seen the same increase take place quite as rapidly, and decidedly in cases where the uterine sound has been occasionally introduced ; so that I have been led to infer that the hypertrophy is simply due to the application and introduction of a mechanical instrument of some kind. I have been for the last year experimenting with the fluid extract of orange blossom, and found it to act very nicely in cases of cervical hyperplasia, where there is decided increase in the size of the cervix, and in instances where I have heretofore used local applications of iodine. I have also found that the internal administration of orange blossom acts very beneficially. I have asked Dr. Arndt to prove this drug. I was led to infer from Dr. Runnell's paper that he would have all women consider the goal of her existence to be motherhood. Supposing that woman cannot fulfill this mission ? I am now speaking

from the point of co-education, as taken from the University of Michigan. The women in the University of Michigan, and especially the women in the professional departments, pass their examinations, and do just as well as the gentlemen of the class. They fit themselves for the professional life. I think women can enter professional life without injuring themselves either mentally, physically, or morally.

Dr. Sarah N. Smith—It was said that the mothers were responsible for all the bad things that came in children, and that it would be far better if they were less intelligent and less educated and ready to rear children, and that they should be better educated in the sexual education. I am not disposed to say that it is not the best; I think we should have to go a little further. I think we should find that there would be better results if they went back perhaps to the fathers as well in some cases. I find it can be traced to both sides of the house. We needn't lay it all on the mothers. You may thank God and take courage that you have woman doctors to educate your little daughters, and you will yet live to learn and to say that it was good for woman to enter the profession. You have no idea of the influence that women doctors can and do have over your daughters that has never been exercised, except in cases where the father happened to be a physician.

Dr. Wright—I do not believe in the use of pessaries generally, but there do come cases which need them. I differ with Dr. Danforth in regard to the solid pessary as compared with the stem pessary. I have always used the solid pessary, and have never found any difficulty in leaving it there during the menstrual period or during the time of other catarrhal discharges. The discharges come away just as readily, if not better, with the solid pessary as with the hollow stem. I have seen the solid stem worn with perfect safety, as they do not enlarge the cervix to the extent that a hollow one does. They are more comfortable and set up less irritation.

Dr. L. C. Grosvenor, of Chicago—When we look over the wide field of a girl's life we cannot help being amazed at some of the follies which she is compelled to perpetrate in the name of fashion in order to have a standing in the world. Our boys and girls grow along together, are alike in form and feature until they come to the period of development. They romp together and are constant companions. Then the boy's muscle develops, he takes pride in examining his biceps, his shoulders broaden, and his hips become more compact. How is it with the girl? Her mammæ develop, the hips broaden, she grows more shy, more modest, and more sensitive, and the boy and girl begin to grow wide apart. Now, when we want to introduce preventive medicine, where shall we begin? First and foremost is a reform in the dress. This is not always easy to do, but we can best reach it by giving them better thoughts in regard to this matter of dress. Teach our girls the perniciousness of corsets and tight waists. Show them the value of health as brought about and retained by sensible wearing apparel.

Dr. Morgan coincided with the remarks of Dr. Grosvenor concerning dress, and stated that in his family no such thing was known as womb disease. When I took an obstinate case to Dr. Guernsey, wherein one of our gynæcologists wanted to sew up a lacerated perinæum, he prescribed on pure homœopathic principles. He prescribed kali carb. in four doses at intervals of three nights, 1, 4, 7, 10, sac. lac. between. He said it was subinvolution of the uterus, and that was the funda-

mental idea with him in prescribing. He gave the forty-five thousandth. At the end of three or four weeks I again took the patient to Dr. Guernsey. The subinvolution of the uterus had disappeared from his vision. He gave *berberis vulgaris*; and that was the extent of the medicine given or local treatment given. She got well.

Dr. Schneider—I understand, Dr. Danforth, that the uterine stem is a cure for flexions; it is not worn after the patient gets up from the bed. Now there is an application that is or can be made to the uterus for dilatations, and one that has not been used a great while. It is the compressed slippery elm bougie; when you take it away it is twice as large as it was when you passed it in. You can then follow it up with different sizes, and with the dilatation you get the pleasant effect that you draw from the slippery elm. There is one statement I would not like to have this Institute to go on record with, without change, and that is that uterine displacements can be cured by medication alone. I want to change that, because I don't believe it is true.

Dr. Phillips—I believe that a large proportion of the diseases of women that we are called upon to treat have their rise for one thing in imperfect dress, as has already been spoken of by a former speaker or two. But that is only one of the matters to be considered. The other and perhaps as important a one, if not still more important, is the overstrain of the nerves in education, in social life and in every other way—just as important a matter as the matter of dress, and without attention to these the diseases that are produced by them will continue to exist and give plenty of business to the gynæcologist. I have cured twenty-three cases of fibroid tumors of the uterus varying in size from a hickory nut to an infant's head with iodide of lime continued for a long time.

Dr. Claypool—In regard to the use of hot water in some of these uterine troubles I think the great majority of you will acknowledge that it is of great benefit. A year ago at Saratoga in the discussion of the paper on hot water I mentioned simply incidentally a plan I had used for hot water without allowing the hot water to touch the parts, stating that it covered those cases where heat was desirable but where moisture was apt to do harm, especially in application to endocervicitis, to engorgements, and many of the congestions of the ovary. I have continued that investigation during the year. I have undertaken to use heat by means at my hand, and in doing so I take a little rubber bag off a toy whistle, tie this to the end of a recurrent catheter. I have a jeweler solder up the hole and cut a hole in the septum.

Dr. McClelland—Do I understand that it is proposed to substitute in all cases the use of dry heat for moist heat?

Dr. Claypool—Not in all cases. But where dry heat is desirable, or rather where moist heat seems to do harm, it is proposed to conduct the heat to the part without contact of moisture.

Dr. McClelland—I ask the question because every one knows that in *proctitis* dry heat will accomplish certain things that moist heat will not, and on the other hand that moist heat will accomplish certain other things that dry heat cannot effect. I think these instruments are very ingenious and will find their uses, but I would not for a moment think that they could take the place of the magnificent therapeutical action of moist heat as it comes in the shape of hot water in reducing inflammation. It is quite true that the impervious stem will permit the blood

or other fluids to exude around them. It is not clear to my mind, however, that the impervious stem will as quickly and effectively carry off these fluids as a perforated stem. The old perforated stem that has been in use for many years has been one with an oval perforation on the side of the stem; the one shown by Dr. Danforth opens on the end—on top of the stem. The cup will certainly retain some of the fluids that the perforated stem will let run off. So I can't see that the imperforate stem is any improvement on the perforated one.

Dr. Runnels—You have not been long in the practice of gynecology if you have not found out that it is a many-sided art, and that many things must come to your aid if you are going to cure your patients. I have great admiration for the sublime faith of some of our brethren in the use of medicines alone; but I say they have not gone far enough; they have not had very large experience in the treatment of all forms of troubles of this sort if they haven't found out that they must resort to something else. The Lord did not intend that we should have such a set of growths as we doctors have to contend with. Here are a great many things that have been operating to produce these results, and I tried to point out to you how it came about that we had underlying and preceding all, errors of development, so that we have dwarfs to contend with.

If you follow the idea which I have sought to bring before you, that to educate the girls in the matters pertaining to their health, dress, etc., then you are not going to have any trouble with stenoses and congestions and all these other troubles that we have heard about this afternoon. In regard to the use of stems, my experience has been that complete rapid dilatation and the wearing of a uterine stem is the best. In regard to sterility due to flexion that is utterly irremediable by other means. I use a stem devised by Detwiler of New York. This is worn with a slot down the outside so that it can be worn with great readiness.

Dr. Morgan—The application of heat may be facilitated in several ways. An old physician of Chicago has a process by which he steams some paper on top of a hot range and then uses relays of this for application to his patients. Another way is to take an ordinary hot-water bottle and lay a dampened flannel upon that. The third way is exceedingly useful, and that is by means of a rubber pipe conducted from a burner—one of these burners on which you can heat an iron. You conduct the gas from the pipe to the burner, get the flat-iron hot, and then wrap it with a dampened flannel, when it will be ready for use. In regard to medication, I think we ought to reduce the mechanical obstruction first, then give the indicated remedy for the after effects.

Dr. Edson—I want you all to remember, my brethren—for we are all brethren here—that the starting point of all this, especially as to dress, should begin at that height (indicating about three feet from the floor). If you take your girls and boys to school, teach them anatomy and physiology. Let us have a little less of the heavy sciences for a few years, and teach them to be true men and women. Teach our girls that it is not wrong to play like boys, to enjoy a romp, to run and jump and be happy in the freedom of unrestraint. Don't be telling the girls every few moments that it isn't nice, not like a lady to play with the boys or play like the boys. Let us have our boys and girls children. Teach them just how they are made. Let them know just what every

one of us is, what every organ is for. It is a mistake that a girl must be dwarfed mentally in order to be a good mother. I remember the case of a girl in one of my families who had grown up almost in ignorance in order to be in style. She had a desire for books, but as she was feeble in body they were proscribed. When I found her I opened my library to her and she soon began to evince a desire to read medicine. I encouraged her. She went to school. How she arranged matters for her tuition, I do not know. She was twenty-one years old just a few days before graduation so she could take her diploma.

Dr. Southwick—In my section of the country, the folks are all quite disposed the other way—that is, they don't want large families. I find more who are afraid of having any family. I think the place for preventive medicine is with the obstetrician. In my experience I find far more lesions and troubles resulting from lack of proper attention at the time of parturition and in the lying-in room than I do from the failure to look after the education of the young girl at puberty. In regard to education, I cannot endorse the statements which have been made—and pretty strong ones too—in regard to the injury done by education of young girls. There are girls injured, but there are young men injured as well. It is not the education that injures, it is the parties she goes to, not always at puberty, but at 10 or 12 years of age, at night, with sick headache next day. In regard to the use of heat and of cold, there is another way of getting dry heat to the abdomen, and that is by using the coil—the rubber coil. You can run hot water through the coil as easily as you can through any other means. It is much lighter, the stream is easily kept going, it adjusts itself very accurately to the abdomen. Iodide of lime is an old remedy for some forms of fibroid of the uterus.

Dr. Packard, of Boston—My illustrious friend has said in his paper something about the Harvard Annex making uterine therapeutics a necessity. Now I live in Boston ; I live very near Harvard school. If he had said that Harvard school college makes uterine therapeutics necessary, he would have come nearer the truth. And I would, therefore, move that his reference to the Harvard Annex be stricken from his paper.

Dr. Porter—I wish to call the attention of the bureau to a really wonderful drug, and that is jequirity or orange blossom. This is indicated where there is granular degeneration of the cervix uteri. Otherwise I do not find it indicated. In regard to intra-uterine stems, I have used them for some time, but within the last two or three years I have abandoned their use altogether, and I think that our school is now just simply passing through the same thing as the old school ; for with them the use of intra-uterine stems has had its day. I think if we study the etiology and pathology of forward displacement and anteversion, we will find that we are mistaken in regard to the influence of forward displacement with dysmenorrhœa. It is due, I think, simply, in the majority of cases—especially in the unmarried—to an influx of blood to and within the organ.

Those cases are all subject to the properly indicated remedies. My experience has been that I have resorted to mechanical treatment too much, and the influx of blood to an organ, increasing its size during the menstrual period, certainly does press upon its bloodvessels and the nerves which are pressed along with them in the form of a helix, cause

this excess of pain, especially during the first day. In the use of iodide of lime, my experience does not correspond with that of the gentlemen who have preceded me.

FOURTH DAY.—EVENING SESSION.

On the re-assembling of the Institute the Board of Censors reported for membership the names of J. W. Hodges, of Niagara Falls, and S. W. Hurd, of Lockport.

The address of the Bureau of Clinical Medicine was then read, after which the Institute adjourned until 9 o'clock to-morrow morning.

Bureau of Clinical Medicine and Special Therapeutics.—The first paper read was by Dr. C. W. Butler, of Montclair, "Locomotor Ataxy," being a clinical case. A patient 57 years old, of rather full habit, retired from active business, for the last few years has had considerable financial worry. Temperate in habits. In 1868 a railway car in which he sat was precipitated into a ravine. He was much bruised, but not seriously hurt. Has had gout. The beginning of the present trouble is referred to September, 1887. At that time, on attempting to rise one morning, he found himself very dizzy. Extreme vertigo and vomiting after breakfast, which gave way under conium. Found difficulty in walking in the dark. On February 5, 1888, Dr. Butler was called and found inability to walk. Patellar and ankle tendon reflexes entirely lost. Has had lightning-like pains for two or three years, which were ascribed to rheumatism. Is much annoyed by a sensation of a belt drawn tightly around the abdomen just above the umbilicus. The same sensation is felt at times about the chest below the nipple line. Insomnia. This is accompanied by much flatulence, the escape of which affords temporary relief. These pains do not appear in the day time. Thoughts run on suicide. Has taken anacardium, sulphur, gelsemium and hyoscyamus, all without relief. Finally selected argemum nit., which gave pronounced relief and was continued at odd intervals till May 12, when I considered the case cured and discharged it.

Dr. Dowling congratulated the essayist upon his very able paper, and reviewed the case at length. Dr. Bartlett also participated in the discussion, much interest being manifested in the case.

Dr. D. A. McLachlan then read his paper of "Clinical Facts," in which he stated that a clinical fact may be defined as an observation made in connection with disease that has been, or is capable of being, verified. On this basis Prof. McLachlan held his audience for upward of half an hour, being listened to with marked attention. In closing he said that homœopathy expects every man to do his duty, and that duty does not consist in idle boasting that "similia" can perform impossibilities, but rather in defining just where it is, and where it is most applicable, and in demonstrating that in this sphere it is, as we claim, universal.

Dr. Dake desired to express his gratification upon this eminently scholarly paper. There has been an exceeding looseness in the matter of reporting cures in the medical profession which has resulted in consequent distrust in the medicines established by our school. If you examine the biographies of men who have been eminent in the medical profession, who have practiced for many years, you will have noticed that these men as they became aged had less and less faith in the use of medicines. It has been so in the old practice, and in a measure it is so

in our school, and why? Because of the many mistakes that have been made with regard to medicine. So many fancies have been taken for facts. As the essayist has so skillfully pointed out, it is time to call a halt to the promiscuous reporting of incomplete cures and certifying to effects of remedies which a few weeks or a few months will demonstrate to be overdrawn or altogether false.

The following papers were read by title only, the authors not being in the hall at the time: "Verifications from Clinical Experience," by C. H. Lawton, M.D., of Wilmington, Del.; "Gastralgia with Complications," by L. Pratt, M.D., of Wheaton, Ills.; "Clinical Cases," by Prosper Bender, M.D., of Boston, Mass.; "Clinical Observations," by A. L. Fisher, M.D., of Elkhart, Ind.; "Some Observations in the Treatment of Diabetes," by J. M. Schley, M.D., of New York.

Dr. Goodno, the temporary chairman, then read his own paper, entitled, "The Treatment of Typhoid Fever." This proved to be a résumé of one hundred cases treated in seven years, with a descriptive picture of typhoid fever in all its varied phases. The paper was a long one, but was well prepared and well repaid the time given to its reading. A long discussion ensued upon the close of the reading, in which Drs. Comstock, Dowling, Mohr, Morgan, Martin, Talbot, Bowen, McLachlan, Bushrod W. James and A. R. Wright took part. The bureau then adjourned.

MEMORIAL SERVICES.

The memorial service was then proceeded with, Dr. H. D. Paine, the necrologist, presenting the names and brief sketches of the lives of departed brethren, which were responded to by the members of the Institute present, Dr. Kinne paying a glowing tribute to the memory of Dr. Walter Ward, in which Dr. Bushrod W. James concurred, adding his own recollections. Dr. Grosvenor remembered his early acquaintance with Dr. Adolphe Lippe, and recounted in what stead his advice had been to him. Dr. H. C. Allen reviewed the life history of Dr. Lippe, identifying him with all that was good and progressive in homœopathy to-day. His name was known wherever the name of homœopathy is known. He doubted if a greater and better prescriber had appeared upon the homœopathic field since the days of Hahnemann and Bönninghausen. He was eminently the head and front of Hahnemannism. Others of the departed friends believing in the same rule of prescribing still had found it necessary to tread the old path of digging out their cases. Dr. Lippe, however, was such a thorough master of materia medica that he had no longer need for this drudgery. Dr. John C. Morgan also contributed his laurel to the memory of this pioneer homœopathist.

Dr. T. Franklin Smith spoke at some length of his friendship with Dr. Henry M. Clarke, also of Titus L. Brown, that rugged, straightforward, honest man, no matter in how much he differed in some of his personal views. Dr. Talbot spoke feelingly of his friend Dr. Clarke, so also did Drs. Bushrod W. James and McClelland. The president addressed the service in the interest of the memory of Dr. Kinyon, in which he was ably seconded by Dr. A. R. Wright. Dr. H. M. Paine remembered his old schoolmate, Dr. Randall. Dr. J. Heber Smith was unable to complete his eulogy of Dr. Walker, his emotions overcoming him. The service was continued to near the adjourning hour, impressive speeches

being delivered by old friends, associates, and companions of the departed.

Dr. T. F. Smith presented the supplemental report of his bureau.

Dr. H. C. Allen called attention to the proposed publication of a new concordance of the *materia medica* by Dr. W. D. Gentry, of Kansas City.

Dr. Talbot moved that the arrangement for future sectional meetings be so perfected as to give the greatest amount of discussion to those most interested in it.

Dr. Kinne moved that a committee of five be appointed, including the general secretary and chairman of local committee of arrangements, whose duty it shall be to prepare a program for the Institute sessions and expedite its business. Ordered. He also moved the expunging from section second of article 2 the words "arrange the business of the meeting," and insert in place "and shall attend to matters of business not otherwise provided for." Also that copies of the transactions of 1888 be sent to the same institutions which had received them in 1887. Also the formal motion to correct the by-laws to conform to the resolution offered heretofore touching the rejection of any paper presented to and read by the Institute, making it a standing resolution as follows: Resolved, that the committee shall reject no papers or reports referred to it unless concurred in by three-fifths of its members.

The Institute also ordered on resolution properly seconded that the time allotted to the report of the chairman of any standing committee shall not exceed fifteen minutes.

Dr. T. F. Smith gave notice that he would at the next session ask for a change of the time for election of officers, and the same to be made a part of the published program sent out by the general secretary.

SOCIETY PROCEEDINGS.

OREGON.

The Twelfth Annual Meeting of the Oregon State Homœopathic Medical Society was held in the parlors of the Gilman House, Portland, on May 8, 9, and 10, 1888.

The address of welcome was delivered by Dr. Geo. Wigg, in his usual happy manner.

The following officers were elected to serve the ensuing year: President, Dr. Geo. Wigg, M.D., of East Portland; First Vice-President, S. A. Brown, M.D.; Second Vice-President, C. E. Geiger, M.D.; Recording Secretary, S. Lewis King, M.D.; Corresponding Secretary, E. C. Brown, M.D.; Treasurer, B. E. Miller, M.D.; Board of Censors: C. E. Geiger, M.D., B. E. Miller, M.D., A. S. Nichols, M.D., Emma J. Wheltz, M.D., L. Henderson, M.D.

Following are the papers read: "Sanitary Science," by C. L. Nichols, M.D.; "Spongia Tosta," by Geo. Wigg, M.D.; "Tarantula Cubensis," by A. Phol, M.D.; "Aconitum Napellus," by S. A. Brown, M.D.; "Our Pharmacutists," by L. Henderson, M.D.; "The Insane and Their Treatment," by Osmond Royal, M.D.; "Vesico-Vaginal Fistula," by B. E. Miller, M.D.; "Bronchitis, its Treatment," by C. E. Geiger,

M.D.; "Bacteria as a Cause of Disease," by S. Lewis King, M.D.; "Disease of the Lachrymal Duct," by A. S. Nichols, M.D. Society in a flourishing condition.

NEBRASKA.

The Nebraska State Homœopathic Medical Society began its fourteenth annual meeting May 10, at the Windsor Hotel, Lincoln.

The meeting was called to order by the second vice-president, A. O. Faulkner, and the minutes of the last annual meeting read and approved.

The report of the secretary, Dr. F. W. Winter, was read and accepted.

After the transaction of this routine business the regular programme arranged for the meeting was taken up.

The Bureau of Clinical Medicine and Materia Medica had no report to make. The Bureau of Obstetrics was responded to by Dr. Williams, who read a very valuable paper upon "Puerperal Fever," which was thoroughly discussed by Drs. Righter, Connell, Carscadden, Paine, Foristall, Bailey, Shoemaker, Dorris, Allen and Bumstead.

The report of the treasurer showed that the receipts of the society for the past year were: Balance on hand from last year, \$53.15; received from fees on May 25, 1887, \$39; a total of \$92.15. The disbursements during this period were \$27.15, leaving a balance in the treasury of \$65. On account of this amount of funds being on hand it was voted to abate the annual dues for this year.

Dr. Barnsdall read a paper upon cystocele, which was discussed by the various physicians and several cases presented.

To the Bureau of Pædology Dr. Foristall responded with a paper upon membranous croup and diphtheria.

In the evening the following officers were elected: B. F. Bailey, Lincoln, President; E. T. Allen, Omaha, First Vice-President; J. B. Foss, Crete, Second Vice-President; D. E. Foristall, York, Secretary; O. S. Wood, Omaha, Treasurer.

Next session to be held at York.

The second day's session was presided over by Dr. B. F. Bailey. Mental and nervous diseases was represented by Dr. F. W. Winter. Dr. Bumstead read a paper on "Sanitary Science in Thought." Other papers were read and rewarded with generous criticism. The meeting was an enthusiastic one.

MICHIGAN.

At the annual session of the Michigan State Homœopathic Society the following officers were elected: President, L. M. Jones, Brooklyn; First Vice-President, D. M. Nottingham, Lansing; Second Vice-President, J. F. Brown, Jackson; Secretary, W. M. Bailey, Detroit; Treasurer, H. M. Warren, Jonesville; Corresponding Secretary, H. B. Wilson, Detroit; Necrologist, A. S. Ayres, Kalamazoo. Meet next year in Detroit.

 THE LATE DR. CLEMENCE S. LOZIER.

The Alumni Association of the New York Medical College and Hospital for Women has been called to mourn the loss of Dr. Clemence S. Lozier, who died at her late residence, 103 West 48th Street, on the evening of April 26, 1888.

The funeral services were held Sunday afternoon, April 29, at the Central M. E. Church, Seventh Avenue near 14th Street, New York City, and were attended by a large number of the members of the Association in a body.

Dr. Lozier was the founder of the New York Medical College and Hospital for Women, an institution to which she gave the best of her life's energies. Every department of the college and hospital work bears the imprint of her influence and interest. When the Alumni Association was organized in 1873, its first meeting was held in Dr. Lozier's parlors, at which time she was unanimously elected an honorary member. A series of eloquent resolutions were drafted by the Committee, consisting of Drs. Amelia Barnett, Mary H. Gilbert, Mary F. Mann, M. Belle Brown, Gertrude L. Zabriskie, which our limited space forbids our publishing; but, we take it, no resolutions, however appropriate, can add to the splendid reputation which this lady enjoyed, and which will remain enshrined forever in the hearts of "her children." Her labors have been rewarded even while yet among the monuments of her love and industry. She lived to see her efforts for her sisters bear fruit a hundred fold. Thus viewing and enjoying the Promised Land she laid her down to sleep. Vale!

GLOBULES.

—"I shall soon be done with life; bury me or cremate me as you will, but don't forget me."—*S. Lilienthal, M.D.*

—People never die because they are not given medicine enough, but often for want of the right kind.—*A. A. Whipple, M.D., in the Med. Era.*

—I believe in ordinary cases far more harm than good is done by pessaries, and speculums, and local applications.—*A. B. Bishop, M.D., San Jose.*

—"The man who wrote the book entitled 'Every Man his own Doctor' ought to write another book entitled 'Every Man his own Undertaker.'"—*Talmage.*

—Dr. Jonathan Hutchinson says he has never failed to relieve hemorrhage from the nose by immersing the feet to the knees in water as hot as it can be borne.

—They say that troublesome attacks of sneezing may sometimes be stopped by smearing the nostrils with vaseline; it often works like a charm.—*Med. Era.*

The *Century* and *St. Nicholas* continue as of old to be filled with excellent articles. The Siberian papers of the *Century* are becoming intensely interesting; while "The Graysons" has reached a dramatic point that is calculated to win every American's heart; we refer to the Lincoln episode.

Scribners' railway articles are deserving of more than a passing notice. They are profusely illustrated, well written, and exhaustively treated. The comical illustrations which conclude the recent number are extremely ridiculous and mirth-provoking.

THE AMERICAN HOMŒOPATHIST.

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No. 9.

A FEW remarks touching what we deem the abuse of Book Reviews by homœopathic journals. An observation of our contemporaries for some time past, with this object in view, has prepared us to speak to the topic from more than a passing interest. Three homœopathic books have within the six months last past been issued from the press of our most reputable publishers, each whereof has been severely handled by many of the critics.

These books are :

SALIENT MATERIA MEDICA AND THERAPEUTICS. By C. L. CLEVELAND, A.M., M.D., Lecturer on Materia Medica in the Homœopathic Hospital College, Cleveland, Ohio. Philadelphia : F. E. Boericke, 1888.

A REPERTORY OF GONORRHOEA. Compiled by SAMUEL A. KIMBALL, M.D., I.H.A. Published for the International Hahnemannian Association. Otis Clapp & Son, 1888.

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. PERKINS, Philadelphia : F. E. Boericke. Hahnemann Publishing House, 1888.

"An old Hahnemannian" in the *California Homœopath* finds it necessary to damn Dr. Cleveland's book with some faint praise and considerable sarcasm, when, if we penetrate the pseudonym aright "An old Hahnemannian" is not a Hahnemannian in the sense in which that word is used to-day—to wit : *simile, simplex minimum*, but is, on the contrary, a liberal and extra "scientific" physician. Wails this heart-broken commentator : "More in sorrow than in anger I put the book aside. An honest prescriber can have no use for such a condensation." Still its merits, intrinsically, are not touched upon, save in the single instance of a croup symptom which this "Old Hahnemannian" quotes and questions. Of this more anon.

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So, also, our excellent contemporary, *The Advance*, after quoting the schema of one remedy, gives the book the bar sinister, thus : "The only conclusion we can arrive at is that our veteran publisher who has given us so many valuable works and whose judgment is usually so reliable, must have been on the sick-list, or out of the city, when the manuscript was accepted,"—neither of which suppositions is correct ;

and if the meaning of the paragraph quoted be that the book must be a failure financially, then in that regard also our clear-headed contemporary is equally at fault, since the book is selling rapidly—the best possible answer to the criticism. Other of our journals have had their fling at it, not excepting the *Hahnemannian*, a journal until recently so uniformly on the side of tolerance as to make this deviation the more striking. Even Farrington's superb contribution to homœopathic literature—the *Clinical Materia Medica*—that link between the many and so oftentimes contradictory symptoms of *Hering's Condensed*, even this masterpiece did not escape censure, through a decent regard for the dead much curtailed the onslaught. In short, no work from the pen of a homœopath is safe from these Grub Street hacks, who deem it necessary as a part of their review to find fault; and be the merit never so patent and plentiful, be the Achillean armor never so well-fashioned, by dint of much delivering, a break will be found and forthwith enlarged upon. Why this merciless slaughter of any book put forth by a homœopathic author? Did Disraeli hit the nail squarely when he says, in *Lothair*: "You know who the critics are? The men who have failed in literature and art." Why such scant courtesy, and worse, to young men who have given time, labor, and study to the curtailing of some of the processes heretofore found necessary for an intelligent understanding of that most important, albeit most complex, of all medical studies—the homœopathic materia medica? Is it honest? Is it wise?

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Let us see. We take up some of these ultra pure homœopathic journals who are so ready to

"Distinguish and divide

A hair 'twixt south and southwest side,"

and find line upon line, nay, more, page after page given up in fulsome praise of old-school books, when, in all human probability, these journalistic reviewers have not read and could not have mastered the contents of the many publications placed on their tables. Take for instance that superb work from the publishing house of Wm. Wood & Co., the twelve-volume "Cyclopædia of Obstetrics and Gynæcology"; or a six-volume edition of female diseases; any number of text-books translated from foreign authors—all thereof containing measures and advocating treatment diametrically opposed to homœopathy and its teachings. Do these purist journals ever dare to lift their chastened voices against these works? Perish the thought! All these find favor with the homœopathic reviewer. And why? Is it owing to the pecuniary value of these books with their handsome and uniform bindings, or is it possibly because of the erudite character which insensibly attaches to the editor-doctor with half-a-dozen square yards of handsomely

bound books on his walls? This is not to detract from the merits of the old-school books already referred to, nor any others which have come to us; they have their value even to the honest homœopath, be he editor or layman; but it is written simply to cry a halt to the fashion which seems to have obtained of late of damning every homœopathic book, while the old-school book is commended directly or indirectly, without ever having gleaned its contents. Dr. Hasbrouck has put himself on record as an antagonist of old-school advertisements in homœopathic journals. Can he devise a more potent ad. than this frequent commendation of old-school literature, and the by no means infrequent condemnation of productions from our own schools? We trow not.

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It is not the design of this editorial to plead for universal well-speaking of a book because it emanates from a homœopathic author. Condemn it to your heart's content, Brethren of the Review Table, if it deserve condemnation, but do it honestly on its merits and not on the fact that its author is a member of some society with which we are not *en rapport*. Neither is this prelude an apology for a weak-kneed book, a poorly arranged volume, nor yet a series of trashy literary efforts. Let the books to which we have already alluded speak for themselves, as they are amply able to do. As to Drs. Cleveland and Kimball, both are young men, ambitious, painstaking, honest, capable, and homœopathic. Neither of them, as we happen to know personally, rushed into the "forefront of print" for notoriety's sake; both were induced to part with their private treasures in the interest of the profession at large. We venture the assertion that "Kimball's Repertory of Gonorrhœa," as well as "Perkins's Rheumatism" have already found prominent places on the shelves, and are shouldering the monographs of Bell and Strong, and Allen and Neidhard, and Lee, and many others, and that the busy practitioner who has familiarized himself with their contents marvels how he was ever able in the time aforegone to have kept house without them.

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Dr. Cleveland's original design was to leave places between each heading to be filled in as farther taught by study and experience; but the notes falling into the hands of a friend, he counseled the forwarding of them in their then state to some good publisher. This friend, and others familiar with book writing and printing, as well as with matters homœopathic, gave this counsel because to him and them, as to most of the profession, it has been a painfully patent fact that the general lack of interest in materia medica was because of the manner in which most of our text-books are constructed, loaded down, as they

are, with pages of almost endless iteration and frequent contradictions ; hence, any work soever which tended to simplify this labor was a step in the right direction, and would meet with prompt recognition from the real judge of the book—the practitioner, not the reviewer. And the result has verified this sapient counsel.

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If there be any man or woman who can retain in his mind fifty symptoms of each of two hundred and more remedies, ready for instant application, let him step to the footlights and be counted. That there be many who pretend to this knowledge, and not a few who believe themselves possessed thereof is uncontrovertible ; but that is not proof. Even Hahnemann, that most indefatigable of students, welcomed "Bönninghausen's Characteristics" and what were these, pray, but another form of "Salient Materia Medica." Dr. Cleveland's work was not issued to displace any accredited work on materia medica, any more than Guernsey's "Key-notes" were means as substitutes for a careful study of the remedies ; or the many monographs and repertories to set aside the work of looking up and digging out the case. Similar to the "Keynotes" and the "Characteristics" like the repertories and monographs, the "Salient" was ushered into public life as a help to the more speedy acquisition of materia medica. Dr. Cleveland's work goes farther even than Bönninghausen, in that it furnishes the full report of Hahnemann's views and instructions, including the predisposing and exciting causes, the actual drug symptoms and clinical experience as the basis for selecting a remedy, and this basis for prescribing is the only one which fulfills the judgment of every true scientist in meeting the totality of abnormality in each case.

To descend from generals to particulars. If the mentally myopic and mournful Old Hahnemannian had suppressed his poignant grief, had opened his mental eye, and honestly looked at the "Location and Nature," the "Objective" "Causal" and "General Characteristic" symptoms of Acetic Acid, and compared them with those headings under Aconite, how could he have failed to note the pathological and symptomatic difference in applying the two remedies in croup ; even the one symptom "dull, low-spirited, and irritable," as a general characteristic symptom ought to have been conclusive in differentiating acetic acid from the agonizing tossing about, etc., of aconite. But possibly "An Old Hahnemannian" doesn't compare the remedies ; perhaps he trusts to a prodigious memory, his experience, or to his intuition, in the selection of a remedy. How else could he have written those heart-broken, soulful words about the pathology of croup ? Any isolated paragraph in Lilienthal's Therapeutics, in Cowperthwaite, Bell, Allan, or Hering, with equal justice would fall within the Old Hahnemannian's

dead line. Mayhap "An Old Hahnemannian" has never heard the story of the three wise men of the East, who, being blind, went to see an elephant. The one solemnly avowed, because the part he touched was a tail, that, *argal*, an elephant was very like a huge swinging beam; the second compared the quadruped to a monster tree because his point of contact was a leg; while the third with equal confidence declared an elephant to be like nothing so much as a dense and immovable wall—his touch having taught him that. Did "An Old Hahnemannian" go to it thus blindly, and mistake, willingly, the whole to be but a sum of the part he had touched? Is not this what it amounts to where we judge of a book by the arrangement of one paragraph or page?

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The merits of Kimball's "Repertory of Gonorrhœa," have not so far as we have been able to glean, been touched upon. It seems to have been universally condemned because of the affectation which added I. H. A. to the title of the author. This, to be sure, was an unfortunate blunder, and, biased and warped as our poor human nature usually is, was certain to meet with condemnation; but with journalists (who, if they possess any virtue in pre-eminence, are fair-minded and impartial) such petty considerations ought not to weigh. The members of the I. H. A. have given the profession many good books; let us not overlook that even if we do not care to admit it publicly. To retain these on our shelves and reject one which is christened too much, and that possibly its only fault, is unbecoming a liberal profession, and particularly of a branch thereof which arrogates to itself the virtues of tolerance and impartiality. The I. H. A. doubtlessly is indifferent to the censure of the general homœopathic press, when in that same press they find laudations of books which no homœopath should ever buy. But the complaisance of that body does not alter the general status whatsoever. Homœopathy has no concern with the I. H. A., the hahnemanniac, the mongrel, the electric, the high or the low, it does interest itself, however, and deeply, with aught that tends to weaken its hold on the people; for every such attack is seized upon by our old school opponents as evidence of the deterioration of our school. How better can we strengthen their belief that Homœopathy has done nothing for the medical world of books and arts, than by discouraging our authors and in damning their labors? It matters not whether the individual be a member of the A. I. H., the I. A. H., the O. & O., the G. & O., the P. D. Q., or any other combination of initials that will serve to amuse the initiated and confuse the non-elect; suffice it he is a homœopath and homœopathy his watchword. What cares the community in which he practices whether he be bottle-washed or tincture-drenched; whether he prescribe moonshine sublimated or palliatives

galore ; wherever the leaven of old-school doctrine has been at work it is such reproach to a homœopath as to entitle the poor victim to the charity and generosity of his homœopathic fellows. Every such report or review or quarrel militates against us with the only court and jury before whom we care to be tried—The People.

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It is exceedingly impolitic, to speak of it no more harshly, to decry a homœopathic work, because, forsooth, the author has been so microcephalic as to add "I. H. A." to his just title. One of our trade arguments against the old school is their intolerance, in that they refuse to investigate the merits of our system of medicine but they rather prefer to take the *ipse dixit* of a few interested editors and authors of their own school, who have not given the matter a conscientious thought. Is not this our standing accusation charge against them? But in what regard or degree, pray, does this procedure differ from that adopted by some of our journals, when they condemn a book, not after examination or comparison of its contents, but because a cursory view of the title page discloses the unwelcome initials "I. H. A."—a title, by the way, which seems to be as much a disturber of the homœopathic peace as was Banquo's ghost to Macbeth, or the name of Blaine is to-day to certain of our lukewarm Republicans. Is not this fanaticism in mother tincture? The profession depends upon its journals for advice touching the latest inventions and discoveries, books and periodicals. If we fail to investigate these, or judge them upon their merits solely, but cast them aside with a scornful glance or a sneer, are we not unfaithful to our trust—that of lifting up our less informed brother and providing him with the sinews of war, that he may battle victoriously with the adversary.

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Let us look for a moment or two at this terrible I. H. A. bug-bear. At its recent session this society made a number of radical changes. The gentlemen who now constitute the officers are worthy gentlemen, fair-minded, tolerant, good prescribers and *not* fanatical. Since the society has been lifted out of the narrow groove into which it had been run by three or four interested parties there is reason to hope for better things in the near future. The one-man-rule-or-ruin policy, and that other still more despicable yet, of hero worship is being quietly relegated to the lumber room of oblivion. The reign of demagogism is on the wane. With these new men in the councils of the I. H. A., and the rehabilitation of the Institute—making it homœopathic *de facto* as well as *de jure*—encouraging materia medica labors as was so plainly evidenced in the respect shown Dr. Wright's bureau—may we not look forward to a speedy return of the erring "sisters" to engage with us,

not in internecine strife, but in battle against the common enemy without our borders? But we will never accomplish this consummation devoutly to be wished for unless we meet them part way; and surely condemning any work coming from them is not meeting them half way, unless we add "with a club." *The Homœopathic Physician*, the chosen mouthpiece of this society, has within the past year been so free of its whilom abusive language, and so uniformly filled with matter that any homœopathic practitioner, even the most rabid anti-high potencies, could read, that we have much hope of some day seeing the two societies re-amalgamated and forming one strong inseparable union.

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Brethren of the paste-pot and scissors, let this be our mission. Not the dismembering of the homœopathic book; not the stirring up of strife; not the parading of jealousies; not the worshiping of any man or set of men; not the admiration of the high-potencies, nor the condemnation of the low; not the calling of names; but the purification of our ranks of the "homœopathic demagogue" who lives only to kill the Institute, who could not thrive unless he made a big noise, whose primal condition is bluster and brag, and who prates of the division in the school. Let us labor for unity and for strength, not for the individual opinion of homœopathy. Let us review our homœopathic books, giving "the prisoner the benefit of the doubt." Let us go lightly on old-school literature and not be blinded by the green and gold of the bindings. Let us refuse the use of our pages to any man or woman whose paper is designed to stir up strife or to add fuel to the old flame. And, finally, let us encourage every effort made to heal the breach. Thus and thus only can we attain the highest success for our school. Thus and thus only can we perpetuate, not the *simple, simplex minimum* of a few of our school, but the *SIMILIA SIMILIBUS CURANTUR* of Hahnemann.

I believe that most of us make too little use of medicine in labor, and that a more thorough mastery of our materia medica might enable us to alleviate, by its aid, the sufferings of parturition as effectually as with chloroform.—*S. L. Eaton, M.D.*, in *The Hahnemannian*.

—During the interim between meals the gum-chewer is pouring into the stomach the vitiated and weakened saliva, until that organ becomes a sewer of discharge, instead of a quiet, respectable organ working eight hours a day. No wonder it strikes sooner or later, and the end is, that the advice of the friends brings the sufferer to an unhealthy condition, where pepsin, nux vomica and diet alone bring relief.—*The Archives of Dentistry*.

HYPNOTISMUS (SOMNAMBULISMUS) IN A HYSTERIC GIRL.

BY DR. SIEMERLING.

CONTRIBUTED WITH COMMENTS BY



SAN FRANCISCO.

A GIRL of nineteen years, menstruating regularly since her thirteenth year, suffered for the first time, three years ago, from dyspnœa, oppression of chest, anxiety, consciousness remaining intact. Since then she has had these attacks frequently, especially from emotions. July, 1886, the first severe spasmodic attack. Without cause she faints away, becomes unconscious, perfectly relaxed. No urinary discharge. Received in the ward for nervous diseases; she gives a clear picture of grand hysteria. Her attacks consist of three stages: first, tetanic rigor; second, irregular movements; third, hallucinatory dementia. Sensitiveness unchanged; whereas at first a left-sided mixed anæsthesia was observed, there is now total analgesia of the whole body, with high-graded concentric narrowing of the field of vision. Taste, smell, and hearing nearly normal. A light pressure on the upper margin of the sternum, the sound of the tuning fork causes immediately an attack. Mutismus was repeatedly observed, without cause and lasting several days.

Mere suggestion produces hypnotism in her (go to sleep). A mere verbal suggestion then suffices to produce palsies, contractures, sensory changes, illusions, hallucinations, partial defects of memory; in fact *she has entirely lost her own will-power and is subject to the will-power of another person.* When by suggestion one side of her body is made sensitive, perimetric examination shows the field of vision on that side enlarged.

The field of vision, which was examined before the suggestion, was for white and colors $20-25^{\circ}$, is now on the left sensitive side $40-45^{\circ}$, but remains nearly unchanged on the other side. To produce partial defects of memory it was suggested to her she could not pronounce any consonants, at another time no vowels. Short words she then wrote down, leaving out the consonants or vowels; when large words were dictated, as Constantinople, Dampfschiffahrtsgesellschaft, she hesitated and said she could not do it. Urged to do it, she tried it, slowly, scratched out consonants. When this trial was repeated at another hypnose, she was able after a while to write even large words rapidly, leaving all consonants or vowels out.

At another experiment white pieces of paper were put before her with the suggestion that they were photographs. On one piece the photograph of her nurse was suggested to her. After mixing the pieces together she easily selected from the lot the piece which she took for the nurse's photograph (it had been marked with the pencil). Instead of paper cardboards were taken, and the experiment succeeded just the same.

Posthypnotic suggestion succeeds with her at any time. The appearance of a suggested paralysis may be fixed for a certain hour. Simple or complicated actions, suggested to her, are carried out to the very minute even after days or weeks.

The case is interesting, as acts can be suggested to her which bring her in conflict with the law. It is very easy to suggest to her accusations against persons, to denounce them in writing, and she herself may be forced through suggestion to perform criminal actions.

The awakening from the hypnosis is either spontaneously or by suggestion (wake up, wake up). After a few deep inspirations she returns to her waking state.

For those of our readers, who understand the German language we would recommend the reading of a novel, "*Under fremden Willen*," where the celebrated author, Georg Meding, shows the danger of hypnotism, and wishes therefore some laws enacted to prevent its abuse. It is a most interesting study. Where will it lead us in its mysterious power? Materialism is again forced to acknowledge a dynamic, which they neither understand nor can they explain it, and still these materialists try to chain the world to their notions, poor deluded creatures!

PROPHYLAXIS OF MORBID CONDITIONS DURING DENTITION.*

Frances J. Derby.

THIS subject was accepted, not because of any ability to throw a great amount of light upon it, but in the belief that it is one which demands our most serious attention, and in the hope that it would excite discussion among those competent to enlighten us. When we examine the mortality reports, and observe the proportion of deaths occurring among infants, so many of them the result of diseases incident to the period of dentition, we recognize the fact that remedial measures fail of the desired result; that in that direction we have not reached the desideratum, and that if we accomplish the purpose for which we were made physicians, *i. e.*, the preservation of health,—for with health, life will take care of itself—we must look for prophylactic measures. And who of us, that has passed through the ordeal of watching a little one, dearer than our very life, struggling for weeks, in pain and anguish, with wan face and sad eyes, for the life so lately begun, and which has gained so slight a hold upon earthly things—what one of us has not cried out for help to prevent this; and has not felt that there should and must be some means to avoid it.

Even though the little life is saved, it is only after weeks and months

* Read before the Hom. Med. Society of Ohio, at Delaware, 1888.

of suffering to both parent and child. Many of our number are very successful in their treatment of these little ones, but does the duty of the true physician begin there? If we know how to prevent the disease, and neglect to inform those who have the little one in charge, we are seriously at fault. And if we do not know, it is one of our most imperative duties to inform ourselves, if possible.

The principal morbid conditions occurring during this period which we have to fear, are (1) affections of the brain, resulting in eclampsia varying in degree from slight facial tremors, to violent convulsions, threatening, and oftentimes destroying life; (2) diseases of the respiratory tract, varying from simple bronchitis to violent congestion and inflammation of the lungs—and (3) diseases of the digestive tract, beginning with slight stomatitis, and ending with the scourge of infantile life, cholera infantum.

Why does this great range of morbid conditions occur? Because the growth of the teeth is not the only change which is taking place in the system during this period.

The brain is growing, and its functions are being brought into play more actively each day. The digestive apparatus is undergoing a change, preparatory to a change in the character of its work. And the bony structure is developing. The whole system is under an enormous strain, in endeavoring to maintain an equilibrium. The idea prevails among many of the laity, that the mechanical process of the tooth cutting through the gum causes all the symptoms, and that they must, of course, accompany that process. This erroneous idea should be combated most earnestly by the physician, and the real reason made plain to parents. It is a disputed point whether or not reflex nervous irritation has much or little to do with the production of these diseases. But our knowledge of the intimate association of the facial nerve with the almost omnipotent pneumogastric, governing the lungs and stomach, and with the sympathetic, sending its branches to almost all portions of the digestive tract, shows us that such results might occur; while the occurrence of severe attacks of eclampsia, or congestion of the lungs or brain, without any apparent exciting or predisposing cause, except the cutting of a tooth, leads us sometimes to think that reflex irritation has much to do with it.

Children with no predisposing causes, placed from the time of birth under favorable circumstances, may, and often do, escape any decided trouble. But how many children are thus placed, especially in our climate?

We can scarcely separate the predisposing from the exciting causes when prophylactic measures are thought of, for it is simply a question of degree as to the result. Exciting causes will produce bad results much more surely and quickly when there is a predisposition to disease

or weakness of any of the organs. I will not discuss now the diseases which are apt to lead to serious results, except to remark that I do not consider it unsafe to meddle with cutaneous diseases under our treatment, though the result does appear to be disastrous sometimes when rapid healing takes place under the use of certain ointments.

The "second summer" is usually spoken of as the one to be dreaded. Does that not depend upon the time of the child's birth? Of those coming under my observation the children born in the spring are more apt to have a hard second summer, while those born in the fall suffer during the first summer. The spring babies have not reached the critical period of teething until the hot weather is almost or quite gone; but their second summer comes in the midst of the teething, and when they are being subjected to a change of food; those born in the fall are in the midst of the process when the summer comes, and have had the strain of our long and trying winter to undergo. This seems to me an important factor. We all know the relaxation which comes to us who are older, when the warm days come, after the efforts put forth to resist the cold of the winter; infinitely more sensitive are these baby organisms, struggling to maintain a balance in this untried and unevenly weighted life. When we think of the shocks to which they are subjected, times without number, by thoughtless and ignorant persons, we may well wonder that they survive to struggle with the still worse terrors of the summer.

What means shall be employed to prevent, or at least lessen the degree of these troubles? At this point I fully realize the difficulty of my subject. To inform a body of intelligent physicians what to do to assist nature in the development of a robust, steady-nerved child, who will be able to undergo with equanimity the changes incident to dentition, seems a work of supererogation. But in view of the fact that so many parents, who are among the clients of equally intelligent physicians, do not know what should or should not be done for their children, it is to be supposed that some one needs to be aroused to duty. These prophylactic measures must begin at the birth of the child, and must be followed up with unremitting care until the evolution of the teeth is complete.

We may, for convenience, draw three distinct lines along which these fortifications are to be built which are to prevent trouble, and call them the (1) Mental; (2) Atmospheric; (3) Dietetic.

(1) We know that this period is the one in which the functions of the brain are being actively developed, and we know how all the organs of the body are affected by brain exhaustion; how the nutrient powers are impaired, and how much depends upon the proper nutrition of the system at this period of life. What can be more harmful to the brain itself, and through it to the whole organism, than the systematic course

of brain stimulus kept up by so many unwise persons. Because the baby is so bright, and seems to enjoy it so much, they keep on teaching him cunning tricks and urging him to exhibit them many times during the day ; and are constantly calling his attention to something new, until the little brain is tired. And they wonder " why he is so restless at night, and cries out and jerks at intervals," when he seems so bright during the day. The more highly-strung the nervous organization, the greater is the forcing process. The slow, dull baby has the advantage, and often maintains it through life. Can we not impress upon parents the importance of letting the child develop at its own pace, and the harmfulness of permitting the whole family to urge the mental powers in every way possible ? We see it daily in our practice, if not in our own families, but we know it is a temptation which must be resisted. Let the baby brain develope slowly, that it may be able to do all the work put upon it ; do not urge it beyond its ability, for the world is all new, and the brain is called into play constantly, for some hitherto unknown object comes into view with every turn of the head.

(2) We know that pure air is necessary for the development of the lungs, and the aeration of the blood ; but it must be neither too cold nor too hot. In winter there must be no exposure to extreme cold, irritating the sensitive mucous linings and chilling the small body. An even temperature, avoiding shocks, is the thing needed. The body should be warmly clad in flannel, and the abdomen, particularly, should be bound with flannel always. I am not of the number who believe in the hardening process for children. It is only a sort of " survival of the fittest," when infants go through that process unharmed. Neither should there be exposure to excessive heat. Infants die from acute brain troubles which are brought on by the direct rays of the sun falling upon the uncovered head. We all know the influence of extreme heat upon the intestinal tract at times. If it were possible to send every little one to the open country during the heated season the mortality would be greatly lessened. Where it is possible, do it ; but if not, give the little ones as much cool, pure air as can be procured. Take them into the open air in the early morning and the late afternoon, but not in the dampness of the evening ; send those in homes of poverty into some park or other open spot during the heat of the day when their homes are unbearable. Keep them coolly clad, always remembering to protect the abdomen. Pure, cool air is one great prophylactic measure which it is often hard to obtain, but it must be insisted upon and procured, if possible. If people can and will understand why it is needed, explain to them. If not, insist emphatically without an explanation.

(3) In the dietetic line we find a wide but difficult field of labor. If the infant is fed by the mother, or good wet nurse, the difficulty is not

so great. Yet here we meet with many stumbling blocks. The child is fed so frequently, perchance, by an unwise mother or nurse, that the stomach is overloaded and given no time for rest. The desire for water, one of the great needs of the system, is overlooked, and every cry of the little one interpreted as a request for food. If the mother is not strong and there seems to be a probability that she will be unable to supply the baby with milk during the summer, without serious detriment to herself, and consequently to the milk, the child should be weaned before the approach of warm weather, notwithstanding the fact that it may seem very well. So many babies are deprived of the mother's milk nowadays, that the question of artificial feeding has assumed gigantic proportions. The discussion of the artificial food is beyond the scope of this paper; but we must bear in mind the fact and reiterate it again and again to the mother, that the question of food is an important one. If the little one grows thin instead of plump, pale instead of rosy, listless and weak instead of bright and more active; or if the food seems to cause the slightest trouble with stomach or bowels, an investigation must be made immediately and a remedy found for it, whether it be to administer remedies to correct the disturbed digestive organs, or to change the quality of the food.

A slow development of the teeth ought to warn us that the nutrition is at fault somewhere, notwithstanding the fact that the child seems plump and bright. Foods should be selected to supply the *deficiency, before any* further trouble develops. There can be no specific prophylaxis against the diseases of infancy; it must come through minute attention to the daily care of the child. People must be taught, and we, their teachers, must realize the importance of teaching them. We must speak again and again of the little things which slip the attention of the mother. Less knowledge is exhibited by those most concerned, many times, in caring for human infants, than in the care of the young of any animal which they might undertake to raise.

The infants of the very poor are left to grow up, if they live, with little attention, and, too often, with insufficient food and clothing. Those of the wealthy are dressed in rich, but often insufficient clothing, and left to the tender mercies of an untrained nurse. The happy mean is more often attained by those in moderate circumstances, because the mother has time to care for her child, and is yet not rich enough to depute the duty to others. She is more apt to be the practical mother. The evils of this period will not be remedied, I think, until the physician stands upon a different footing than that now existing between him and his patients; until he is employed, not to cure sickness, but to preserve health, and has the care of the children from birth; until people cease to wait for sickness before the physician is consulted, but inquire of him, how to attain soundness of body, and when attained, how to

maintain it. Then will we see the importance of insisting upon attention to every point of hygiene, from the moment of the child's birth; and even going back of that, we will see that favorable pre-natal hygienic influences are at work.

COLUMBUS, O.

A PLACENTA WITHOUT FŒTUS.*

BY F. H. HURON, M.D.

ON the night of March 28, 1887, I was called to see Mrs. M——, who was said to be threatened with a miscarriage. I found the pains quite severe and she claimed to have been suffering with them for twelve hours; that she had been flowing more or less all the time for a month, and that she had taken preventive treatment during all of that time from her physician. An examination revealed the os somewhat rigid, but slightly dilated, and a continual slight flowing, augmented with each pain.

As she claimed to be at least five months gone, and declared positively that she had felt movements plainly for the past two weeks and decided movement not more than an hour before I was called, I adopted preventive measures for an hour or two, but without effect. A closer examination showed that if it was a five-months fœtus it must be a very small one; however, she was positive that she had been pregnant at least five months. As the pains were increasing in severity and the os continued to dilate, I concluded it useless to make further effort to stop it, and as the continuous flowing had already weakened her greatly I began to assist nature in the dilation of the os. In a short time something began to pass, and a few severe pains discharged a half-grown placenta; the pains suddenly stopped, and the flowing ceased.

I examined this placenta and found it about half the usual size, without amnion or cord, but otherwise normal. I found the uterus entirely empty; still the woman persisted in declaring that she had felt the movement, that nothing had passed during her pregnancy except the slight flowing during the previous month, and that she had always been very careful of herself lest she might miscarry, etc. There had evidently been an abortion soon after conception, and the placenta remaining adherent had continued to grow until more or less fully developed. There was no smell of decomposition.

DANVILLE, Indiana.

* Read before the Indiana Institute of Homœopathy, 1888.

SPONGIA TOSTA.*

BY GEO. WIGG, M.D.

MAN has by broken laws and unheeded precepts brought upon himself disease and pain, which unassisted he can never cure, for in himself there exists no remedy for a ruined constitution,—no anæsthetic for his excruciating pain. The Creator, knowing man would plunge himself into this evil, has in his wisdom and goodness surrounded him on every side with that which can be prepared into a balm for his every wound, a cure for his bodily disease. God knows man would need bread, hence the cereals ; wine, hence the grapes ; clothing, hence the wool, etc. But it has not pleased the Almighty to send bread to man ready baked, or wine already fermented, nor garments woven and made up. No. He causes these blessings to abound ; but man, if he would avail himself of them, must prepare them in such manner as to meet his necessities.

So with that which eases his pain, restores his sick body to health. A kind Providence has provided the means, but under circumstances which necessitates mans seeking for and preparing them for his own good. Nature does not produce remedies ready for use. Hence, if we search on the hillside or mountain-top ; on the prairies or in the valley ; in the bowels of the earth or the depth of the ocean,—among things organic or things inorganic, we will find storehouses in which nature has locked her healing virtues.

It is with you to bring to light her hidden powers ; it is you who must unlock those storehouses and scatter those healing, disease-subduing properties in order that suffering humanity may take hope. The road leading to them may be rough, the quarry deep, the mountain steep, the hillside craggy, and the sea tempestuous—but to you who are successful is given a power, before which all diseases fade, as fadeth the snow in the rays of the noon-day sun. The thief knows that in your house is a safe, and in it a vast treasure ; this he wants, but how to possess it is a question. If he but knew the combination all doubt would vanish.

As physicians we know that in yon ocean there is a safe wherein nature has deposited carbonate and phosphate of lime, carbonate of soda, charcoal, and iodine. These we want. See, here is the safe : the Sponge. Behold also the combination, bequeathed to us by Samuel Hahnemann. Hesays : Cut the sponge into small pieces and roast it in a tin-plated coffee-roaster, revolving it over glowing charcoal until it becomes brown and can without great labor be triturated ; of this powder take twenty grains, add to it four hundred drops of alcohol,

* Read before the Oregon State Hom. Soc., May 8, 1888.

shake twice a day, and allow to it macerate for a week without warmth; you will then obtain a tincture which contains one grain of roasted sponge powder in every twenty drops.

Having now become possessed of this treasure, what is it good for?

Experience teaches that spongia affects the larynx, trachea, thyroid gland, heart, and testicles, producing irritation, inflammation, and swelling; that its action is more profound in those who are of a light complexion, whose skin and muscles are very lax. Among its throat symptoms are hoarseness, with soreness and burning; a cracked faint voice; a sensation of choking; whistling sound in the larynx on deep inspiration, and the voice fails when talking or singing. In croup wheezing is one of its great characteristics; the breathing is anxious and worse during exhalation; the cough is dry and hard, with a crowing sound. According to its provings, spongia has decided action upon the lung tissue. It has solidification of those organs and a hard ringing, metallic cough peculiar to itself, aggravated by talking, deep breathing, and inhaling cold dry air. It is an admirable remedy in the following diseases, when the symptoms recorded are present:

1. In broncho-pneumonia, if the patient is worse on lying down, and the sputa tastes salty or sour; there is anxious breathing, wheezing, burning and soreness in chest, and there may be a violent pricking in the right side of the chest, from within outward. During the stage of resolution there is profuse secretion and expectoration of mucus, with inability to lie down, while the cough is relieved by eating or drinking.

2. In whooping cough, when the cough is deep, hollow and barking, excited by irritation high up in the larynx, as from a plug or valve; there is tenacious yellow or indurated mucus, ejected with difficulty. Respiration is much oppressed, and inspiration wheezing. The throat feels rough and dry, the larynx is sensitive to touch. Paroxysms of anxiety are not uncommon, with rush of blood to the head and a disposition to weep.

3. In acute catarrhal laryngitis, when the cough is barking, hoarse, hollow, and dry, with wheezing inspiration without expectoration, or with mucus, yellow and lumpy; with aggravation of all symptoms before midnight.

4. Asthma due to phthisis, if the spasm is marked with complete loss of voice, wheezing respiration, contraction of the glottis and exhaustion in chest upon exertion.

5. In bronchitis, when there is croupy, dry cough, with mucous râles, or a hard dry cough with dyspnœa and slight expectoration continuing day and night.

6. In organic disease of the heart, when the patient complains of contracting pain in the heart, with suffocating sensation at night, worse

with the head lying low, or inability to lie down at all ; debility after every exertion ; the chest feels especially fatigued ; he is almost unable to speak ; with heat in the face and nausea ; weakness after moderate exercise in the fresh air, and stinging in the arms.

7. In gonorrhœa, when the urine is saffron-colored, depositing a yellow sediment ; or urine with thick grayish-white deposit ; voluptuous itching of the tip of the glans, with itching and burning on the scrotum ; squeezing, strangulated pain in the testicles ; dull stitches extending to the spermatic cord, which is painful and swollen ; increasing swelling of the testicles, which are firm, smooth and round, without alteration of the external skin ; generally painless, exceptionally dull pain.

8. In menstrual difficulties, when menses are too soon, too profuse, preceded by colic, backache, soreness in sacrum ; great hunger, she can not be satiated ; she can not bear tight clothing about the stomach ; sharp, pricking, drawing in the thighs and legs.

In closing I will add a few verifications peculiar to this drug :

She would rather die on the spot than suffer as she does.

She is constantly expressing a fear that she will certainly die of suffocation.

She has an idea that her head is being blown up like an elastic balloon.

Chills run up and down the back, sometimes going across it ; shaking while standing with the back close to a hot stove.

Dull headache in the right half of brain on coming from the open air into a warm room.

A yellow scaly eruption on the superciliary ridge, painful only when touched.

Smarting, painful, stinging, red eruptions, on tips of ears, face, and lips.

Muscular twitchings about the left shoulder-joint.

Cramp-like pain in the ball of the right thumb, which on moving the hand extends into the thumb.

Itching all over the body, as when sweat breaks out, compelling him to scratch, which he no sooner does when the itching occurs on many other parts, and the more he scratches the longer the itching lasts.

And there is an irresistible inclination to sing, with excessive gayety.

EAST PORTLAND, OREGON.

A CLINICAL CASE.

BY JOHN BENSON, M.D.

SATURDAY, May 21, called to a neighboring town to prescribe for the following case :

Mrs. William H., aged 35, American, very fair blonde, medium

height, sparely built, multipara, nervous temperament, tuberculous diathesis ; was taken last November with an occasional discharge of pure blood from rectum, gradually increasing in quantity and frequency to the present time. Five weeks ago, called in a lady physician, O. S., who has been in attendance since, but without being able to check the hemorrhage. The day previous the doctor, evidently at her wits' end, gave her patient seven different compounds, without producing the desired suppression of the rectal discharge. Finally telling Mrs. H. she really did not know what could be the matter with her, desired time to write to a distant city for counsel ; but as that meant at least a week's delay, patient and husband concluded time enough had been lost, asked for a change of physicians, and yours truly was sent for, having prescribed for her a couple of years previous for catarrhal aphonia.

Found patient lying on her back in bed, face pale and wan, with hectic glow on cheeks, eyes sunken, bright, but anxious looking, surrounded by dark bluish circles ; tongue moist, with yellowish coating ; lips dry and parched ; voice weak and husky ; dry, hacking cough every few minutes, from tickling in chest ; sputa thick and tenacious, whitish and occasionally flecked with blood ; slight oppression on chest, breathing labored but rapid, rumbling in bowels, with gripping pains, centering round navel. Has a natural stool, streaked with blood, about twice every twenty-four hours, and during the interval a stool every two to three hours, of from two to four drachms of pure blood, with small white bodies, size of pin-heads. The stools are perfectly painless, suffering no tenesmus whatever, but has to obey the desire for stool immediately, as it comes in a gush. Is afraid to pass flatus, for fear stool will follow.

Menstruation had been normal up to November, but since then had gradually decreased in quantity until ceasing entirely. Has passed over two periods without a flow. Has no pain or tenderness in uterine or ovarian regions. Does not sleep well at nights, is restless, has night sweats. No appetite, no thirst. Has never had hemorrhoids. Temperature, 97.8° ; pulse, 90 ; respiration, 30.

Since first becoming ill, she has had no pain of any kind, until a couple of days previous, when the gripping began in the bowels, which she attributed to the medicine prescribed, in which opinion I coincided.

To my view of the case, the diagnosis was plain : *Tubercular hemorrhage* ; and the remedy was as equally well marked—*phosphorus*. But how about the excessive drugging of the past few days ? Is the tormina indicative of an organic lesion, or is it not caused by drug action ? And if the latter, would not my patient be the better under a preliminary course of *nux vom.* ? Believing the latter method to be the best, I mixed one powder *nux vom.* 3x., in water six ounces, and directed a teaspoonful

to be taken every four hours, except when asleep, for twenty-four hours, and afterwards one powder phos. 3x., every evening at bedtime. Also left strict instructions regarding diet and rest.

Tuesday, May 24, patient was lying on left side dozing as I entered the room. Said that during the first night and day (Sunday) she had been in more pain than ever, hardly sleeping any during Saturday night. (Mental query--Did I do harm in giving that nux?) Sunday night took the first powder of phos 3x. Rested better that night; stools about the same. Monday the pains disappeared from the bowels. Monday night took second powder of phos. Slept all night, except when one stool passed, which was more than she had done for weeks; was drowsy and sleepy Tuesday morning, but her husband was afraid to let her sleep, for fear it might not be good for her. Cough had almost entirely ceased. From Monday noon to Tuesday noon had had three stools, with less blood at each stool.

Left sac. lac. to be taken as long as improvement kept up, then phos. 3x., as before.

May 31, reports about the same. Menses appeared on the 25th, lasting one day; flow more than usual, with considerable pain. Had several stools afternoon of 30th, probably due to over-excitement, having had over a dozen visitors during the afternoon. Patient being mistress of a hotel, and servants having access to carry her all the fret and worry, to say nothing of visitors, ordered her to be removed to her step-son's residence, on a farm, which was done the next day, without ill effects. Remedies same as before.

June 7, husband reports his wife as being much better. Stools about four a day, with hardly any clear blood; gaining strength and experiencing a general improvement. Remedies same as before.

June 22, husband reports that his wife is up and about. Rectal hemorrhage has entirely ceased; stools about twice a day; is comparatively well. Remedies as before and discontinued treatment.

Ten months later I had the pleasure of meeting this lady at the house of a patient. She states that since my treatment she steadily gained, and now weighs more and is better generally than she had been for years.

Do not suppose that I present this case as cured of tuberculosis. Far from it. I am thoroughly convinced that she will fall a victim to this fell destroyer in a few brief years, especially if remaining in this climate; but I do present it as a proof of what can be done by the homœopathically indicated remedy.

FARMINGTON, WASHINGTON TERRITORY.

BOOK REVIEWS.

THE ELEMENTS OF MODERN DOMESTIC MEDICINE. A Plain and Practical Handbook describing Simple Diseases, etc., by HENRY G. HANCHETT, M.D., member of the N. Y. Co. Med. Soc.; late physician to the N. Y. Hom. Coll. Dispensary, and to the Wilson Mission Out-Patients' Dept., formerly Professor of the Martha Washington College, Va., etc., etc. The whole issued after careful revision by A. H. LAIDLAW, A.M., M.D.

SEXUAL HEALTH, companion to the above and by the same author. Both books printed and published by Charles T. Hurlbert, No. 3 East 19th Street, New York : 1887.

One of the pleasant if not strictly novel features of this book is the directness and plainness of the style used in discussing the various topics lying within the purview of such books. To this may be added the happy typographical effect of indicating the first half-dozen words of a new paragraph by larger and blacker type so as instantly to catch the eye. The first-named volume is one of the best Homœopathic Domestic Physicians which we have ever seen. While we are not an advocate of every household being a doctor any more than we believe it desirable that every family should be its own lawyer or shoemaker or tailor—leaving each of these specialties and all others to those specially skilled in them—still there are times, especially in the country, where the nearest doctor is many miles distant, or the medical need occurs in still watches of the night, when a book such as this Domestic Physician purports to be is an eminently well-informed counsellor, and a treasure to have in case of emergency. It certainly possesses the great merit of advising homœopathic measures and therapeutics, is free from the cheap, clap-net, drug-store and proprietary medicine advertisements, so common with old school literature, and is therefore safe to leave about the parlor table or in the library. We most heartily recommend it. Were it not a species of treason to the profession we might add that the book contained many suggestions which even the practicing physician would do well to heed. We have certainly been much pleased and not frequently instructed by a few half-hours of desultory reading in its pages. SEXUAL HEALTH, it may hardly be necessary to add, is not issued for general distribution. It fitly supplements such parts of the DOMESTIC MEDICINE as are incomplete in this regard. It is, however, a valuable compendium on this topic, and one which would not be out of place under the lock and key of a loving mother or self-respecting father. Both volumes are fine specimens of printing and book-binding.

THE BONES OF THE LEG CONSIDERED AS ONE APPARATUS, by THOMAS DWIGHT, M.D., Parkman Professor of Anatomy at Harvard University. Boston : Cupples and Hurd. 1888, pp. 18.

This little pamphlet handles this topic with consummate skill. Prof. Dwight introduces his subject by remarking that he considered the fibula to be the most difficult and confusing of all the bones of the body, but accounts for it because of the fashion of authors to study it alone instead of in its natural connections. This is a chapter which anatomists have

apparently forgotten to write. And on this foundation he erects a well-prepared study of the bone. It is interesting and instructive, and deserves a bodily transference to our text-book anatomies.

THE THREE ETHICAL CODES. Cloth, 55 pages, postpaid, 50 cents. *The Illustrated Medical Journal Co.*, publishers, Detroit, Mich.

This is a neatly prepared manual, and, for those interested, a valuable little book. It presents in an accessible fashion the more salient point of the code of ethics of the American Medical Association, of the American Institute of Homœopathy, and of the National Eclectic Medical Society. It is of prime use as a book of reference, we take it, though as a history of ethics of the medical profession of to-day it is interesting reading.

A REPERTORY OF GONORRHEA. By S. A. KIMBALL, M.D. Published for the International Hahnemannian Association by Otis Clapp & Son. Boston and Providence : 1888. pp. 53.

We see no occasion for the almost universal condemnation which has met this work. Its arrangement is very similar to Lee's Cough Repertory and to other of our monographic repertories. If it be needlessly verbose in some parts, surely that is in the direction of greater value. The subject itself is not one of the nice things to handle or talk about, but to the pure all things are pure. We have seen no good reason assigned by the reviewers thus far for slighting this labor of a painstaking student and faithful homœopath. We think a careful reading of the preface stamps the value of the work. We welcome the work and predict for it a place in our working libraries, even if at present a few of the critics deny it recognition.

BUSHNELL'S PERFECT LETTER-COPYING BOOK. Alvah Bushnell, 47 South St., Phila. Price, 75 cts. to \$1.60, according to size and number of leaves.

This is a wonderfully compact affair. It is no less valuable to the office than it is to the traveler. By a happy arrangement an immovable fulcrum is appended to the letter-copying book, so that the pressure necessary to transfer the written page to the moistened leaf is quickly and simply applied. This does away entirely with the old-fashioned press which for so many years formed a staple article of furniture in every office. The impressions can be taken from any copying-ink as formerly with the pressure press. We are much pleased with the sample book sent us, and consider it a valuable acquisition to the office where much copying is done ; and to the traveling man, who cannot of course carry a heavy press about with him on his travels, this will prove especially useful.

FEVERS AND BLOOD-POISONING AND THEIR TREATMENT, WITH SPECIAL REFERENCE TO THE USE OF PYROGENIUM. By J. COMPTON BURNETT, M.D. London : James Epps & Co. 1888.

This is a little pamphlet of 56 pages devoted, as its title declares, to proving the peculiar virtues of Pyrogenium in the treatment of fevers and blood poisoning. Those who have read and enjoyed *Fifty Reasons* need no further introduction to this little pamphlet, for it is in the same author's style. We are glad always to receive anything from his pen.

THE TWELVE TISSUE REMEDIES OF SCHUSSLER, COMPRISING THE THEORY, THERAPEUTICAL APPLICATION, MATERIA MEDICA, AND A COMPLETE REPERTORY OF THESE REMEDIES. Arranged and compiled by WILLIAM BOERICKE, M.D., Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of San Francisco, etc., and WILLIS A. DEWEY, M.D., Professor of Anatomy in the Hahnemann Medical College of San Francisco, etc. Philadelphia : F. E. Boericke, Hahnemann Publishing House. 1888.

This work upon the Twelve Tissue Remedies contains all that Schussler himself wrote upon the subject, with the addition of the published experience of the homœopathic school in their use which has been gathered from the journals of the school. We have no doubt that it will find a hearty welcome from many, who knowing something of these remedies desire to know more, and to profit by their use. Schussler believed that these remedies were sufficient to cure all diseases, an erroneous idea, for while they may have a place, and perhaps a large one in therapeutics, they cannot displace our own well-tried remedies.

The theory upon which the Biochemic method is founded, is the physiological fact that both the vitality and structure of the organs of the body are dependent upon certain necessary quantities and apportionment of its organic constituents, which are those that remain after combustion of the tissues—the ashes. According to Schussler, any disturbance in the molecular motion of these cell salts in living tissue constituting disease can be rectified and the requisite equilibrium re-established by administering the same mineral salts in small quantities. We do not think that the theory sketched above is sound, nor do we believe the facts sustain it, but nevertheless the tissue remedies have done and do good service in many cases.

The work is divided : I. A general introduction, history, health and disease, dose, Biochemic and homœopathic relationship, etc. II. Materia medica of the twelve tissue remedies, symptoms, common name, chemical data, preparation, physiologico-chemical data, general action, characteristic indications, homœopathic data, administration, relationship, etc. III. Therapeutical application of the twelve tissue remedies, comprising indications and clinical cases, alphabetically arranged. IV. Repertory of the twelve tissue remedies, arranged upon a pathologic-anatomical basis.

The authors have entered into their work *con amore* and with full faith in the value of these medicines ; and their labors should receive the recognition of the profession, which cannot fail to profit by them.

B. F. U.

ATLAS OF VENEREAL AND SKIN DISEASES, with original text by PRINCE A. MORROW, A.M., M.D. New York : William Wood & Company. 1888. Being Nos. 3 and 4 of the series.

Plates contained in Fasciculus III. are : Chancre of forefinger, with syphilide of palm ; chancre of female nipple, with syphilitic roseola ; erythematous syphilide ; miliary syphilide (lichen syphiliticus) ; papular syphilide, with precocious ulcerative lesions ; papulo-pustular syphilide. Those contained in Fasciculus IV. are : Large papular syphilide ; papulo-squamous syphilide ; scaly syphilide of trunk and right arm ; papular and squamous syphilides of palms and soles ; gyrate syphilide, psoriasis, condylomata lata and condylomata acuminata of

genital region ; mucous patches of vulva and anal region. As we have already, in our introductory notice, and in our mention of the preceding fasciculi, spoken at length of the purposes of this work, its rare beauty of workmanship, originality of design, and superior arrangement, we can add nothing more at this time that would enhance the value of the Atlas. The plates just mentioned are equal in every respect to those of former numbers, while the letter-press is all that can be asked—when we except our objection to the old school treatment which these numbers, of course, advocate. Otherwise the work deserves a place in every practitioner's library. The Atlas will be issued in monthly parts, sold on subscription only and at \$2 per part.

THE SECOND SERIES OF PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES, being an Atlas and Text-Book combined. By GEORGE HENRY FOX, A.M., M.D., with hand-colored plates taken directly from life, and published by E. B. Treat, New York.

This Atlas has now reached its sixth number. These are in every respect the equals and in many cases the superiors of the first edition. With this Atlas, taken directly from life by the Artotype process, and the Atlas published by Wood with its life-sized illustrations, appertaining, however, only to venereal matters, the practitioner who has not had the advantages of a hospital training or a special course in dermatology may very readily inform himself, not only of the names and descriptions of the manifold diseases of the skin, but by actually seeing the life-like representations before him, be enabled to quickly and certainly diagnose the disease to be treated. For this reason, if for no other, we deem these atlases such superior assistants, and hence, also, we never hesitate in recommending them to practitioners.

DISEASES OF WOMEN, BEING THE PATHOLOGY, DIAGNOSIS AND TREATMENT OF THE SAME. By GRAILY HEWITT, M.D. Lond., F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital ; formerly President of the Obstetrical Society of London ; Honorary Fellow of the Obstetrical Society of Berlin ; Honorary Fellow of the Gynæcological Society of Boston, etc., etc.

This work, which appears on our table in three neat and handsomely bound volumes, is the new American from the fourth revised and enlarged London edition, with 236 illustrations. Edited with notes and additions by H. Marion-Sims, M.D., New York. The book is from the publishing house of E. B. Treat, of New York, and is sold at \$2.75 per volume. We approach the task of reviewing this series of books with some hesitation, as we make no pretension to being specially skilled in the matters therein contained, and are altogether ignorant of the treatment advocated. We can perhaps do no better service to the authors than by quoting from their preface, which we do : "The book has some points of peculiar interest. It insists on better nutrition. It advocates the mechanical pathology of some forms of uterine disease, viz., that pathological changes are produced by mechanical causes. The wood-cut illustrations of uterine displacements are of life size, which is an aid to the beginner. It has long been known that the nausea of pregnancy is a neurosis, a reflex symptom which is shown very conclusively to be the result of some form of uterine distortion,

and which is always removed by appropriate mechanical treatment. Also that hysteria in all its protean forms is a uterine reflex symptom, not ovarian as has been generally supposed, dependent always on flexion or malposition; and that to remedy the latter is to cure the former." Another statement which may be transferred to this point is the following: "Alterations in the shape and position of the uterus are rarely witnessed except in individuals whose general health has become seriously impaired by a systematic, and often a lengthened, practice of taking little food." The illustrations are well prepared and lifelike. The letter-press is superior, and taken altogether the work seems to be of the usual excellence for which this firm is so well noted. In what we have said, or have not said, it is not intended to discourage the reading of the volumes. We are simply frank enough to state that we have not given it the time and thought which such study invariably requires before a definite opinion can be formed. At a subsequent period we hope to refer to the series again.

SALIENT MATERIA MEDICA AND THERAPEUTICS. By C. L. CLEVELAND, A.M., M.D. Pp. 171, small 8vo, cloth, \$1.25. F. E. Boericke, Phila. 1888.

Imprimis, we want to say that we are disappointed—not with the value of the work—but because it deviates from the general form of book which issue from this famous printing-house. That, to us, is a weak point. In its way it is just as valuable a book as any that have issued from this house, and to dwarf it into its present small proportions isn't giving it half a chance for success, for—as we shall say editorially—many books coming to the reviewer's table are judged and gauged solely by the beauty of binding, clearness of print, and fidelity of illustration. While the clothes do not make the man, they *do* set him off pretty well even with the most democratic citizen. As to the merits of the book beside complimenting the author and publisher, we refer to our remarks elsewhere.

PATHOGENETIC AND CLINICAL REPERTORY OF THE MOST PROMINENT SYMPTOMS OF THE HEAD, WITH THEIR CONCOMITANTS AND CONDITIONS. By C. NEIDHARD, M.D., formerly Professor of Clinical Medicine in the Homœopathic College of Pennsylvania, etc., etc. Pp. 188, 8vo, cloth, \$1.50. F. E. Boericke, Phila. 1888.

This is another of that series of books prepared originally for private use, and rescued from this limited usefulness by the remark of some wise friend, thus benefitting the profession at large. The salient advantages of the book are many and prominent. It furnishes in the most compact form, under distinct headings, the various affections common to the head, by name and by anatomical regions. Although in repertory form, it is arranged in such fashion that it is lacking the dryness and perfunctory character of many of the repertories which reach our table. Perhaps the greater part of this compliment is due to the publisher for the excellent typography and arrangement which attaches to all works issuing from his house. Throughout this work we find the large, black-faced letter calling attention to something peculiar, and other styles of type to refer to other peculiarities. The general symptoms of the head and forehead and their nature are first elaborated, and are then followed by the pains in other parts of the

head with concomitants and conditions. For the most part, only recorded symptoms cured by one remedy are recorded; but when the cure was too valuable to be lost, those also were added cured by two remedies. We fully concur with the distinguished compiler when he says that the careful study of the brain symptoms, in their connection with those of other organs, is of the highest importance in practice, and that each individual part of the brain seems to have some counterpart in another organ or part of the body. The work is excellently done; it has ere this found a place on the shelves with the many other publications without which the practitioner of to-day would be lost. We have no hesitation in recommending its early purchase by every one of our readers, as its value will become apparent, if not at once, in the course of a very few difficult cases successfully treated with the light afforded by Dr. Neidhard.

HUMANITY—A VISION—A REALITY. A Poem by WM. TOD HELMUTH. New York: E. P. Dutton & Co. 1887.

The lot of the reviewer, like unto that of the policeman in the "Pirates of Penzance," is not always a happy one. The laborious wading through tomes of uncongenial subjects, eliminating the refuse, retaining the kernel, is frequently a task of considerable moment. With a congenial topic, or one in which the reviewer has a special adaptation, the weeding-out process is not so bad nor so taxing; but the majority of books coming to his table do not partake of this nature. How grateful then is the reviewer when there is placed before him some work from the pen of a brother physician, which partakes in some degree, however remote, of his own profession, and is yet filled with ideas that do not absolutely hinge upon the medical vernacular. Of such works we may mention, *Ahtothis*, by Dr. Minor; *Hashisch*, by our excellent contemporary the editor of the *Medical Era*; and last but by no means least *Humanity*, by the poet of our profession. Dr. Helmuth has previously rewarded his medical brethren with evidences of his rare genius; but this last, in spirit and diction, by far surpasses his other and happy efforts. A poem of the sublimity embodied in *Humanity* can not be fitly described to one who has not read and appreciated its sweetness, for

"The thought that most thrills our existence is one
Which, before we can frame it in language, is gone."

The Vision seems located in Pisa with its historic tower, where the author entered the Duomo beneath the lamp of bronze which Galileo's rare insight and study made so familiar with all that its swaying suggested to the world. Here the author permits the earthly sense to become obliterated, while the surroundings picture to his mind the image of Humanity which serves as a groundwork for his Reality. The Reality treats of two soldiers, both lying wounded on the field of battle and unconscious; the one a surgeon, the other a soldier of the line. The latter, so runs the romance, had done the surgeon an irreparable injury. Yet when consciousness returned to the surgeon after a frightful and eventually fatal wound in the spine, espying his ancient enemy near by, unconscious, his life-blood ebbing away, the dying surgeon drags himself to his case; with fleeting senses and fast stiffening fingers he ligates the artery of his foe, then falls back, himself

a corpse. The wounded soldier recovers to find what had been done and by whom. The beauty of the thought is only to be really appreciated by reading the beauty of the language employed. It is ennobling. We thank our good friend for his last and best contribution to our table. It is pleasant to refer to it, between the professional demands on our time, or when wearied with the perplexities incident to a busy editorial career. It lifts the groveling heart out of the mire and places it among the stars that illumine the true sphere and labors of the physician.

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. PERKINS, M.D. Phila. F. E. Boericke, 1888.

We desire to add a few words to the review heretofore published concerning this book. Here also as in the preceding volume we find the value of good typography and arrangement; for the same excellence in these particulars marks this book as in the former, and is so well known and appreciated in all of Boericke's publications; by the bye, we believe this style was inaugurated by our friend and fellow-editor Dr. H. C. Allen, when his "Intermittent Fever" (the later edition) was about to be reprinted. If our memory serves us correctly as to the inventor of this style of printing, then we think the profession owe Dr. Allen a vote of thanks for the practical ideas which he has succeeded in compressing into printer's ink aside from the matter itself. Some few adverse criticisms have appeared in our contemporary press, but these are mainly aimed at the arrangement of the work, and not, we believe, at the value of the book itself. It is fashioned very much on the plan of Dr. Allen's book; in fact a hurried reading of any remedy might suggest a striking similarity in the make-up. Of course homœopathy is fixed and immutable, and all the many books which appear from time to time are but different renditions of the same general plan, and depend for their favorable reception on the novelty of arrangement. The schema of each remedy seems to be about like this: "Neck and Back; Extremities in General; Superior Extremities; Inferior Extremities; Accompaniments." A complete repertory is appended to the work, so that a given symptom being found in a case, the remedies containing such symptom may be at once turned up, consulted, and compared. All the prominent remedies in the *Materia Medica* are given in alphabetical order. This is another of the series of books which we take pleasure in recommending, for no harm can come from its careful perusal by those who depend upon salicylic acid and other outward applications, electricity, etc., for the amelioration and sometime cure of their cases. It may be the means, if honestly investigated and studied, of curing what to them may have seemed incurable cases. Brethren, try it, and see if rheumatism can not be treated homœopathically as well and as easily as intermittent fever.

PAMPHLETS RECEIVED.

Cocaine Dosage and Cocaine Addiction. By J. B. Mattison, M.D., Brooklyn, N. Y.; the conclusions found being (1) There is a lethal dose of cocaine; (2) This dose is uncertain; (3) Toxic effects are not rare; (4) They may be sequence of doses large or small, in patients

old or young, the feeble or the strong; (5) This risk should induce caution; (6). Antidotes should be at command; (7) These are nitrite of amyl and hypodermic morphia.

Proceedings of the State Sanitary Convention held at Philadelphia, 1886, under the auspices of the State Board of Health and Vital Statistics.

Annual Announcement of the New York Medical College and Hospital for Women for the season of 1888-9, is before us. The opportunities for a complete medical education for our lady friends are ample and satisfactory—the names of many excellent and well-known physicians being found on its staff.

Partial Syllabic Lists of the Clinical Morphologies of the Blood, Sputum, Fæces, Skin, Urine, Vomitus, Foods, etc., by Ephraim Cutter, M.D.

The Twenty-ninth Annual Announcement of the N. Y. Homœopathic Medical College and Hospital is upon our table. We are pleased to note the high standard required for graduation in this famous institution, and also its advice to the intending matriculate to read among other books Burnett's famous "Fifty Reasons."

Vesico-Vaginal Fistula. By Reuben A. Vance, M.D., Cleveland. O. Reprint from *Cleveland Medical Gazette*.

The University of Minnesota Catalogue for the year 1887-88 and announcements for 1888-89. The homœopathic department is well prepared to do honor to our school.

Plumbing—Sewer-Gas—Disease. By James A. Campbell, M.D.; a paper read before the Homœopathic Medical Society of St. Louis. Reprint from *Clinical Reporter*.

OUR EXCHANGES.

—SURGICAL BLUNDER.—According to the *American Medical Journal*, a St. Louis surgeon of Heidelbergian skill had an ovarian tumor to be operated on. Several physicians and students were permitted to witness the operation. The young surgeon, after detailing the nature of the case, proceeded, and soon the mass was reached. "Here, gentlemen, you see the walls of the tumor. We shall now use this trochar. Here you see the celebrated cystic fluid." The contents not running out, the knife was used, and—lo! a baby! The sac was the womb, and the tumor a fœtus of seven and one-half months' gestation.. Searching now for an excuse for the operation, a small nodule was found on the posterior aspect of the womb. The womb, though containing a child, was pronounced in a state of disintegration, and the surgeon, not to be beaten, removed the uterus also.—*Med. Standard*.

Possibly the *Medical Brief* may print this case; possibly not. But it would make an excellent companion piece, if properly illustrated, to the famous I-did-so-and-so series of articles from the pen of another Heidelbergian surgeon whose titles, like Bismarck's orders, if strung in a line, would require a surface thirty feet wide.

—**PARAPHIMOSIS.**—In cases of paraphimosis with swelling so great as to prevent drawing the prepuce over the glans, Dr. Hearn remarks that if a little cloth or cotton saturated with glycerine be wrapped around the swollen part, the glycerine, on account of its affinity for water, will in an hour or two remove the effused serum so as to allow the prepuce to be easily drawn forward.—*Med. Times.*

It begins to look as if the glycerine idea would soon be done to death. Still the idea conveyed in this item, and that other in regard to fecal obstruction, are seemingly good and worthy of trial.

—**ALLG. HOM. ZEITUNG.**—Hermine Kirich, 5¼ Jahre alt, abgemagert, hat eine Lungenentzündung vor einiger Zeit überstanden, wurde mit fortwährendem Husteln, 8 bis 10 Diarrhoeen am 30. April aufgenommen. Katarrhalisch Erscheinungen auf der Lunge, während der Untersuchung heftiges Nasenbluten. Hyoscyam. 3. 3stündlich. Das fortwährende Husteln wird nur durch heftige Keuchhustenanfälle unterbrochen; vom 9. bis 20. Mai im Durchschnitt 20 Anfälle. Dabei variiert die Temperatur zwischen 38,0 und 38,9° C., am 11. und 12. Mai ist die Temperatur sehr hoch, 39, 2° C., ohne dass eine Veränderung in den Lungen zu constatiren ist. Am 11. Mai wird Ipecacuanha 3. 3stündlich gegeben. Am 22. Mai bricht die Kleine zwei Spuckschalen hellrothen Blutes, es cessiren die heftigen Anfälle. Aconit 3. 3stündlich. Am 24. kein Blut mehr ausgeworfen worden, dagegen ist schwere Dyspnoe vorhanden, die Krankehinfällig, eine Bronchopneumonie links mit sprunghafter Fieberbewegung. Am 27. stellen sich wiederum Keuchhustenanfälle ein, die Pneumonie noch in der linken Lungenspitze vorhanden, dochbek ommt die Kleine Esslust. Puls klein und frequent. Ipecacuanha 3. 3stündlich. Es mehren sich von da ab die Anfälle, sie erbricht wiederum, ab und zu sind einige Blutstriemen oder auch etwas flüssiges Blut im Erbrochenen zu sehen. Am 21. Juni ist der Keuchhusten vorüber, aber bedeutende Schwäche vorhanden. Die Diarrhoeen wichen auf Veratrum und nach langer Reconvalescenz wird die Kranke am 31. Juli entlassen. Geheilt.

—**LUTON ON COLD OF THE HEART.**—A gorged condition of the heart is the salient symptom of an impression *a frigore*, which is manifested anatomically by inflammatory and plastic lesions. The clinical symptoms are painful spots over the chest, precordial anxiety, a sense of constriction, and a dry, fatiguing cough. The sequel of this condition is a muco-purulent catarrh of the bronchial tubes, which corresponds to the crisis of this indefinite ailment, which is then called a "cold." The effect of digitalis in aborting these attacks before they have reached this stage shows clearly that the cardiac muscle is at fault.

—A recent item in the *Medical Standard* to the effect that the two pieces of a severed index finger had been united two hours after the accident, and in four weeks the finger was well, sensation and motion being unimpaired, reminds us of a case in Philadelphia, in our early professional experience, in which a penis similarly injured was similarly treated, with excellent results. In the latter case, however, the party causing the accident, the wife of a faithless husband, had been bound over to keep the piece.—*College and Clin. Record.*

—If some women become frightfully sensual, it is from association with a sensual beast. A wicked wife is the mere reflection, too often, of

a husband with strongly developed animal instincts. When the sexual fire is once awakened too strongly in woman, the conflagration proves disastrous to all who come in contact with such an unsexed being; all virtue disappears, and the riotous reign of infidelity commences.—*T. C. M. from the French.*

—"You, doctor, are our first and last earthly friend; you stand at the gates of life when we enter this world, and you stand at the gates of death when we go out of it."—*Talmage.*

—THE PROPER METHOD OF EXAMINING THE BREAST.—Dr. Gross says that, to examine properly a woman's breast, she should be lying on her back. If examined in any other position, it can be so manipulated as to convert it into any tumor. When on her back, examine by pressing the tips of fingers back through the breast against the chest-walls, and not by pinching the structures up between the fingers.—*College and Clinical Record—Medical News.*

—HOW LONG A CHILD SHOULD SLEEP.—A healthy baby, for the first two months or so, spends most of its time asleep. After that it should have at least two hours of sleep in the forenoon, and one hour in the afternoon and it is quite possible to teach almost any infant to adopt this as a regular habit. Even to the age of four or five years a child should have one hour of sleep or at least rest in bed, before its dinner, and it should be put to bed at 6 or 7 in the evening and left undisturbed for twelve or fourteen hours.

Up to the fifteenth year most young people require ten hours, and till the twentieth year nine hours. After that age every one finds out how much he or she requires, though, as a general rule, at least six to eight hours are necessary. Eight hours' sleep will prevent more nervous derangements in women than any medicines can cure. During growth there must be ample sleep if the brain is to develop to its full extent, and the more nervous, excitable, or precocious a child is, the longer sleep should it get if its intellectual progress is not to come to a premature standstill, or its life be cut short at any early age.—*Dr. C. Fred Pollock in the Chautauquan.*

DIPHTHERIA AND CATS.—If mankind descend from the proper dignity of their nature to a fondling intimacy with beasts, they are sure to find, sooner or later, some penalty that is inseparable from every sort of what the Mosaic law denounces as "confusion." The following (says the *London Sanitary Record*) is an illustration of the possible connection between diphtheria in children and in cats: A little boy was taken ill with what turned out ultimately to be fatal diphtheria. On the first day of his illness he was sick (modern insular for nausea) and the cat, which was in the room at the time, licked the vomit on the floor. In a few days (the child meanwhile having died) the animal was noticed to be ill, and her sufferings being so severe, and so similar to those of the dead boy, the owner destroyed her.

During the early part of its illness, this cat had been let out at nights in the back yard, as usual. A few days later the cat of a neighbor who lived a few doors further off was noticed to be ill. It had also been out in the back yards at night. The second animal, which, however, recovered, was the pet and playfellow of four little girls, who, grieved at the illness of their favorite, nursed it with great care. All four girls developed diphtheria, their mother being convinced that they

got it from the cat ; and, indeed, no other known source of contact with infection could be discovered. It is easy to imagine cats catching an infectious disease like diphtheria, when we remember how often milk and other unused food from the sick-room is given to the cat, or by some people thrown out into the back yard for the benefit of their neighbors' cats if they have none of their own.—*Toledo Blade*.

—MY FIRST LABOR CASE. [T. C. M. in *Lancet-Clinic* translates from the *Journal de Médecin de Paris* an amusing instance of the Recent Graduate's first obstetrical case, from which we cull the following:]

This first obstetrical call sent a nervous chill through my body,—increased tenfold when I grasped the truss of obstetrical instruments that every village doctor carries in France. It seemed at that moment that all the theoretical knowledge I ever had in the obstetrical department of my cerebral mass had evanesced—everything I ever knew was forgotten—I floated on a sea of despair and medical ignorance. I was in the condition of a general who, while on grand review, felt very confident of his command of military tactics, but whose troops, in the presence of danger, abandoned all hope and were ready to fly from the enemy. Ah, if the immortal obstetrician, Pajot, had been canonized, what fervor I would have poured into his ears in a supplication for the wisdom of an ordinary midwife ! But I could not remember a single note of Pajot's lecture.

Happily for me, the carpenter lived at the far end of the village, and I trusted that during the time I journeyed thither that my obstetrical knowledge would return to me,—ten minutes is not a long time in which to recover your midwifery wisdom, but it was better than five minutes. During the time of my trip to the carpenter's house I partially rallied my dismayed obstetrical centers, which were flying all over my cerebral field like demoralized troops on an unfought battle-ground. I tried to have clear conceptions of the theory of midwifery in order to apply the same practically, but my ideas came in pell mell, without any order, and my head grew dizzy from excitement as if from waltzing or dancing a saraband. I had no exact notions, but remembered a few aphorisms that might be used among women so as to render me apparently wise while wildly incoherent.

This was my mental condition on reaching the carpenter's house. Externally, I appeared calm, full of professional dignity ; internally, I damned the hard fortune that carried me into a lying-in chamber, full of false pride based on theory, utterly ignorant regarding practice. . . .

After an examination, fortunately made under the bed-clothes, which served to cover my ignorance as well as to illustrate obstetrical modesty—an examination by such an inexperienced person that I did not know whether my finger entered the vagina, rectum, or bladder. I concluded to boldly take some risks, however, and so shortly left the room for my office under pretext of securing some medicine. I said my services would not be needed for an hour at least.

Once in the street I made all haste to reach my rooms, and, arriving there, took down my book of obstetrical notes compiled from the lectures of the great Prof. Pajot. I also took out my forceps and fitted the male and female blades a number of times in order to practice and make a display of skill if such a thing should be needed. Then I read a chapter on presentations by Cazeaux and made up my mind to use my fingers

in place of book learning, and leaving home hurriedly soon arrived again at the carpenter's house.

I went in more composedly this time. I made my digital examination. I tried to appear the very embodiment of obstetrical wisdom. "What's the matter, doctor," asked the mother and three ancient female fairies in one voice. I still had my hand under the clothes and vulva. I was afraid to use my finger for fear it might enter the rectum in place of the vagina. "The baby will soon be here," I announced boldly and with decided professional confidence. "Impossible, Monsieur le Docteur," cried the mother in unison with the voices of the other three crones, while at the same time an infantile bawl went up from a sofa where a diminutive bundle reclined. "Only the after-birth remains, please remove that or we women can do it easily if you will permit. Oh, we all said you were young, very young, for the baby was born ten minutes after you left, and you never noticed that the bag of waters was empty when you were here first."

I felt dizzy, faint. My reputation as a family physician was evidently ruined as to this village at least. Then the hot flush of mortification and burning shame crept over me; inwardly I damned Pajot and the System of French Midwifery that turned fools out to pose for learning where old women were wiser. Suddenly the lying-in patient gave a horrible scream, a bearing-down pain—I know it now after many years' practical experience. My hand was still under the bed-clothing and the vulva. Something warm, struggling, and slippery indulged in an under-bed-clothing squalling—it was a twin birth.

After all, my common sense returned. I was proud in snatching a moral victory from the jaws of defeat. As a physician I had triumphed in spite of my obstinate ignorance—call it fate, call it luck.

OBSTETRIC APHORISMS.—Never introduce the finger or hand into the genital passage, without previously having washed them in an antiseptic solution—carbolic acid, corrosive sublimate, etc.

The best antiseptic precaution consists in practicing the vaginal touch as seldom as possible.

The vaginal touch should only be practiced when necessary for diagnosis, or to follow the progress of labor during the expulsive stage.

The foetus can not putrefy unless air penetrate to the ovum.

Whenever, during labor, it has been recognized that the foetus is dead, every precaution should be taken to prevent the rupture of the membranes.

The membranes should be ruptured only when labor can be terminated rapidly.

If the membranes are already ruptured, labor should be terminated as rapidly as possible.

If the foetus is dead, certain precautions should be taken, because putrefaction may exist, and everything possible should be done to lessen the dangers of infection.

If the state of the cervix will not permit a rapid delivery, antiseptic vaginal injections must be resorted to, and they should be copious and repeated frequently.—*Exchange*.

A CASE OF HERMAPHRODITISM.—In the *Russkaia Meditsina*, November 27, 1887, p. 710, Dr. Lükomsky, of Prilükī, in the Poltava (South Russian) Government, describes a case of true hermaphroditism.

which is specially interesting from the fact that the subject of the anomaly has been known to the writer from its childhood. In 1857, at the village Kraslopy, near Prilūki, a Cossack's wife was delivered of a child, which, about a week later, was baptized, and christened "Melania." The child grew up, remaining always healthy and strong, and doing female rustic work. On her death-bed Melania's mother adjured her husband never to allow their daughter to marry. In 1887, however, Melania married a peasant residing in the same village. Shortly afterwards both Melania and her husband came to Dr. Lükomsky, urgently beseeching him to examine her, and to tell them whether she was a woman or a man. Dr. Lükomsky's report was as follows: "Melania is a tall, powerfully built, and well-made person, aged about 30, the general outline of the body not presenting the usual rounded contour seen in women. The head is furnished with long flaxen hair, while the upper lip and chin are covered with scanty, short, bristle-like hairs. The voice is rough and deep, the neck long, the 'Adam's apple' fairly prominent. The breasts are ill-developed; the pelvis has rather the male configuration; the pubes is covered with thick curly hair. Just below the pubic arch there is a penis as thick as a man's thumb; it measures about $4\frac{1}{2}$ centimètres in length when flaccid, and has neither prepuce nor urethral orifice. Under sexual excitement complete erection takes place. Just below the penis there is a normally developed scrotum containing two testicles, freely movable, both somewhat larger than a pigeon's egg. Below the scrotum there is a slit measuring about 7 centimètres in length, with major and minor labia on each side, with a small clitoris and urethral orifice beneath it, as well as with carunculæ myrtiformes, at the site of a hymen, which has been ruptured after Melania's recent marriage. The vagina is fairly spacious. On examining with a speculum a uterine cervix is seen, somewhat smaller than the average. Melania has never menstruated. 'She' hates the male sex, but is highly voluptuous in regard to women. In coition with women a whitish fluid is ejaculated from the vaginal slit. The hermaphrodite dresses like a woman, but is fond only of male occupations." A divorce was obtained from the Holy Synod on the medical evidence. It will be noticed that nothing is said as to the uterus and the ovaries. In the interests of science Dr. Lükomsky should furnish some details on those points, and should give a more detailed description of the vagina and breasts.—*British Medical Journal*.

PUPIL SYMPTOMS AFTER INJURIES OF THE HEAD.—From investigations made, Hutchinson, Jr., gives the following statement as to the condition of the pupil after injuries of the head:

In concussion of the brain, during the stage of collapse, the pupils are neither contracted nor dilated, and they respond to strong illumination. This response is not always as rapid as it should be normally; not infrequently the pupils tend toward slight myosis and inequality in size is occasionally seen. When one pupil only is markedly dilated, there are sometimes signs of irritation, probably by small hemorrhages into the cortex on the same side. Whatever view may be taken as to the condition of the cerebral circulation, it is not doubted that the cerebral functions are, to a more or less complete degree, suspended by the violent shaking that the brain undergoes.

Hence, the condition of the pupils would be expected to be the same as during sleep and the anæsthetic stage of chloroform inhalation, and in animals deprived by experiment of their cerebral lobes. In a few cases of concussion, fixed mydriasis on both sides has been noticed for a time. Although it is at present impossible to fully account for the cases in which one-sided mydriasis follows concussion and persists for a considerable period, still these cases are exceptional, without evidence of severe injury to the brain. With the onset of inflammatory symptoms, the pupils become strongly contracted, although the lesion may be at some distance from the corpora quadrigemina.—*Weekly Medical Review*.

CHRONIC TEA-POISONING.—Dr. Bullard gives, in the *Boston Medical and Surgical Journal*, the details of seventy-four cases of chronic tea intoxication investigated by him. His conclusions are that the action of tea is cumulative; its action is more pronounced on the young and on those subject to anæmia or physically depressed, although persons otherwise healthy occasionally show toxic symptoms; the average amount of the beverage required to produce poisonous effects in persons accustomed to its general use is a little less than five cups per day. Chronic tea-poisoning, Dr. Bullard asserts, is a common affection, its symptoms being usually loss of appetite, dyspepsia, palpitation, headache, vomiting, and nausea, and nervousness combined with various forms of functional nerve affections, such as neuralgia, hysteria, etc. Beside these, constipation and pain in the left side are frequent.

GLOBULES.

—Dr. Harold Wilson has removed his office to 100 Miami Avenue, Detroit. Eyes and ears a specialty.

—"Organon: Seventh Paragraph," is handled in masterly style in *The Clinical Reporter* by Dr. Mary U. Sargent of St. Louis.

—The death of Frances A. Dowling, respected wife of Dr. John W. Dowling, occurred May 11, 1888. We extend our heartfelt condolence to the family.

—Dr. B. H. Wilcox of St. Louis contributes "High Potencies Mathematically and Physiologically Considered" to *The Clinical Reporter*. The idea is a unique one and well presented.

—"Tænia Solium," by Dr. P. L. Carter, house physician Homœopathic Hospital, Ward's Island, in *Physicians and Surgeons' Investigator* for July 15, 1888, is deserving of several readings.

—I claim that the exhibition of a homœopathically indicated drug in any stage of labor is science, not meddlesome midwifery. And the same I claim to be true of chloroform.—*Dr. C. M. Conant in Hahnemannian*.

—The Kansas City Homœopathic Medical College issues its salutatory or initial announcement. We welcome it to the fold and hope it may live long and prosper. We regret to find no mention among its textbooks of the *Organon*; why was this omitted?

—Dr. W. D. Gentry of Kansas City, Mo., is preparing The Concordance Repertory of the well-proven and most reliable symptoms of the homœopathic materia medica, which is meeting the commendation generally of our physicians. We bespeak for it a favorable reception, inasmuch as it differs entirely from every Repertory heretofore published.

—Velvet carpets and downy beds are no safeguards of health against a siphoned or unventilated trap, nor can the costliest and wisest inaster in medicine undo the damage wrought by one open soil-pipe joint or one broken drain under the rich man's basement—damage, perhaps, as great as that from the soggy, rotten floors of a rag-picker's filthy, underground den.—*Albert L. Gibson, A.M., M.D.*

—The rival baking-powders are still fighting their ensanguined newspaper war, thereby procuring that notoriety and notice with the public which they could secure in no other way. How long ere the Infant Food manufacturers will enter the lists? One firm has thus far monopolized the medical press, its "Jim the Penman" sending his papers under pretense of some analytical examination, or other plausible title, to every journal not only of our school but to others. Rare disinterestedness this!

—The New York Ophthalmic Hospital College (Third Avenue and Twenty-Third Street) has issued its tenth Annual Announcement for the season of 1888-89. The clinical advantages possessed by this college are unsurpassed. The course of instruction is open to all physicians and students of medicine, beginning October 1, 1888, and continuing six months. The daily lectures are from 1 to 3 P.M., and are fully illustrated by clinical cases, etc., etc. Succeeding the lecture the hours are devoted to practical examination of cases. By an ordinance of the State this college is empowered to confer the degree of *Oculi et Auris Chirurgus*. Among the professors we note the names of many of our most eminent physicians.

—Of all the starchy foods, the most popular is Imperial Granum, having been habitually prescribed by 46 per cent. of homœopathic practitioners to children under one year of age, and occasionally by 10 per cent. more. It is best fitted for alkaline constitutions of not less than six months' maturity. While it serves admirably country babies and others with strong constitutions, or with abundant muscular or adipose tissue, it seems unsuited to nervous, weak-stomached infants—small acid babies—and yet there is a class of weak, delicate, cachetic children often manifesting a predisposition toward infantile diarrhœa, or intestinal catarrh, that finds it very beneficial in all ages wherein the bottle is used. Some forms of marasmus are also benefited thereby. For sluggish, bilious temperaments, but it may prove just the thing for certain babies with whom all forms of milk disagree, even though they be acid in constitution. For many irritable, fretful children, with poor digestion, it has proved an inestimable boon. It has been used successfully to piece out, as it were, an inadequate supply of breast milk; also when milk is vomited in thick curds, in which case its action is largely mechanical. Occasionally water alone must be used in its preparation.—*George B. Peck, M.D.*

—Dr. Herbert M. Dayfoot, Secretary, notifies us that the semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held at Syracuse beginning September 11, 1888. The prospects for an enjoyable and profitable meeting are most excellent. The worthy President, Wm. Tod Helmuth, M.D., will preside, and a large attendance is evidently expected. We are very fond of the N. Y. State, for homœopathically it is NOT a doubtful State.

—I heard a physician loudly and boastfully remark that "such things (obst. forceps) are useless lumber. I have pursued an extended practice in this department for ten years and never have found occasion to use a pair." He was asked: "What do you do in long, difficult cases?" "Let 'em grunt it out!" Innocently I enquired: "Doctor, are you a married man?" "Yes, I have a wife and ten children." "I can not understand how you can speak so," was my meek rejoinder. I am wiser now, though still a bachelor.—*From Dr. Geo. B. Peck's Bureau Add. Am. Inst.*

—As I grow older and have more experience, there are fewer vials in my case and they are larger. I find it is such hard work to get the range of any one medicine that few undertake to get the range of all the new medicines that come up. It takes more brains than I have to keep track of them. I learn a few remedies and get them so I know what they will do, and I can do with them, perhaps, more than you can with the entire materia medica imperfectly learned.—*Lewis Barnes, M.D.*

—At the American Institute a practical illustration of the digestive power of Ford's Pepsin, by a comparative test between it and that of Fairchild's, was conducted by M. B. Manwaring, chemist for the New York and Chicago Chemical Company. The apparatus used was a new device recently constructed for the purpose, consisting of a large hot-air bath, made of iron and glass, and containing long glass tubes, so arranged as to be constantly within view of the observer. The heat was supplied by a gas jet underneath the bath, the gas flowing through a thermostat which automatically maintains the temperature at the desired point. 2400 grains of coagulated albumen were placed in each of three tubes, with 16 fl. oz. of water and 80 m. hydrochloric acid; in one tube 2 grs. of Ford's and in one 2 grs. of Fairchild's pepsin were added. The digestion was continued for five hours, at a temperature of 105° F., at the conclusion of which the residual albumen settled to about three-quarters of an inch in height in the tubes containing the pepsins, and to about twelve inches in the tube containing no pepsin, showing that both Ford's and Fairchild's pepsins had digested about 2200 grs. of albumen, equal to 1100 qrs. of albumen digested by each grain of pepsin.

The test was especially interesting, as its different phases could be constantly noted during its progress. Mr. H. L. Ford, manager for the company, in explaining the tests, remarked that he did not claim any marked superiority of Ford's pepsin over that of Fairchild's in point of digestive power, because both pepsins are manufactured by practically the same process, but that the advantage of a difference of price of 50 cents per ounce in favor of Ford's pepsin offers a sufficient inducement for its use..

OH-DON'T-LOGY.

DON'T smoke a foul pipe. Drink coffee when smoking.

DON'T fail to take your overcoat and shawl to Minnetonka.

DON'T "box" the ears of a child nor suffer it to be done ; it is highly injurious.

DON'T smoke on an empty stomach, nor hold the pipe or cigar continuously in the mouth.

DON'T be discouraged. The future of homœopathy, as a unit of power, is increasing daily.

DON'T let Dowling make you vote for an unpopular candidate. He hasn't done so yet, but he could.

DON'T forget next year that a *collation* or a *banquet* given to the Institute is a fraud. This is three times and out.

DON'T neglect to give Grosvenor's recommendation of Svapnia a trial in obstinate cases of threatened abortion.

DON'T talk more about the decay of homœopathy in the Institute. It's a lie. Come next year and see for yourself.

DON'T let the minister who invokes a blessing on our Institute say Awe-menn more than forty times during his invoke.

DON'T you appreciate a good thing when you hear it ? How was that blushing speech of acceptance of our new treasurer ?

DON'T fee the waiters at the hotel until after you have been served ; and then only if you feel like it, and not because you have to.

DON'T let your interest in materia medica grow cold just because we had such a good time this Institute. Whoop her up to fever heat.

DON'T fail to order a room in advance of the Minnetonka meeting, else you may have to content yourself with a wall-pocket over the kitchen.

DON'T be a fanatic. The I. H. A. is but an off-shoot of the Institute. As soon as it hears that materia medica is again *en rapport* it will come back to us.

DON'T forget that what seems an established truth under hospital conditions often becomes a mere working hypothesis under conditions of general practice.

DON'T wait three years to discover that a former pupil and friend is unreliable, and then only because he refuses to give three years more of unpaid labor.

DON'T forget, Messrs. the N. Y. State Society, that intolerance in matters medical is as iniquitous in low potency advocates as in those of the higher numbers.

DON'T adopt the rule-or-ruin plan, Messrs. the I. H. I. Just as soon as you give way to one man, or set of men, who threaten to withdraw unless obeyed, your society sows the seed of speedy dissolution.

DON'T forget that as the individuals make it so the Institute will be. If it has fallen into errors—and what organization entirely escapes?—it is *your* duty to attend the sessions and help to rectify it. Everybody's business is nobody's business.

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FRANK KRAFT, M.D., EDITOR.

THE *Advance* for July publishes the address of the President of the Institute, and also of the President of the I. H. A. By this means an intelligent comparison can be made of the two papers. If these official utterances may be taken as the concretion of opinion prevalent among the members of the respective societies, then the status of both bodies is placed without the domain of inference. It is fixed and immutable. No honest, fair-minded lover of the Homœopathy of Hahnemann can read these two documents and fail to see which thereof inculcates Homœopathy and peace, and which one, like the over-zealous hermit of the Middle Ages, preaches fanaticism and the sword. The pity of it, Iago ! With but a corporal's guard to listen, the retiring President of the I.H.A. finds himself so restricted for matter of interest in his annual to lay before his colleagues, that he must needs review and stir up anew the strife which some years since caused a few Hotspurs to flock by themselves, and to continue so flocked until the parent body should reform the measures that had precipitated the revolt. Here were a few disgruntled members of the Institute, who, on pretense of desiring greater liberty and tolerance for themselves and their followers, secede ; and because the majority of the Institute during that session presumed to dictate the business of the session, and seemed indifferent to the threat of secession, these few withdrew, presumably more in sorrow than in anger, and forthwith founded the organization whose triple initial has caused so much of unpleasantness in the ranks of Homœopathy simplex : here now are these professed disciples of peace and tolerance and truth and purity—these whilom members of the Institute—who affect to do all possible things with remedies solus ; who use no pessary, stem, or other gynecological device ; who abjure the knife save in the direst of surgical needs,—here they are ; yet after eight or nine years of separate existence, with the fullest liberty and the fullest tolerance, they seem apparently as far from the goal for which they seceded, as when first they withdrew. Peace and plenty have not come to them with their freedom. Of so little service has this been to them in all the years that have gone, that they are still gnashing their teeth over the indignities of half a decade since ; so little of value has been achieved, seemingly, that the retiring presidents must turn the knife on every one not in complete consonance with the peculiar tenets of themselves. Fleeing from intolerance (so-called) they have themselves become the most intolerant.

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The Puritan Fathers fled from the oppression of England ; they plunged into the wave because the fagot and torch were behind them ;

but so fickle is human nature, so brief the span of memory, that they are hardly established on our inhospitable shores, ere they fill the measure of persecution to the brim with burnings and executions and witch-hangings—fit emulators of Torquemada. Instead of enjoying their coveted freedom and showing the homœopathic world how sincere were their professions, how much superior their practice over the ways of the Institute brutal majority, these followers of the later Hahnemannism, as interpreted by themselves, have naught to show for their faith save the fighting addresses of their presidents. Instead of lending his consummate ability as a fine prescriber and excellent scholar to the advancement of Homœopathy, to the recommendation of measures conducive to the welfare of his society, this eloquent Hahnemannian occupies his brief hour in exhibiting the body of Cæsar. It is a relic of the asceticism of the dark ages to dwell with uncanny particularity on the agony of the Crucifixion, to the exclusion of the teachings of love and self-sacrifice, of which that scene was a mere incident. Instead of enjoying the prosperity and tranquillity assured them by the ancient trials and vicissitudes, they prefer to dwell amid the ruins and devastation, in order, it would seem, to keep alive the cause for which that agony was enacted.

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Shall the world believe that the I. H. A. has accomplished so little of good in the past years of its independent existence, that its retiring presidents can not find sufficient material to round out the annual address without indulging in these pitiful exhibitions of personal weakness? Must it always be the tears and groans, and never joy and content? Could this able champion of pure homœopathy find no fitter material for his annual exhortation than the revamping of old troubles? Verily, it must seem to the calm and disinterested looker-on as if it were needful to keep the faithful whetted to fever heat over the cruelties practiced upon their forefathers or immediate friends, lest the present followers, becoming lukewarm, having no immediate concern with the forgotten grievance of nine years ago, insensibly find themselves turning with favor to the powerful Institute—especially since that Institute has changed its policy, and is seeking, in so far as it can, in new hands and under wiser counsels to retrieve the mistakes of the past. How many journals of our school will fill their pages with golden nuggets gleaned from Dr. Wesselhoeft's address, as our excellent Bro. Gatchell has done in the *Medical Era* with Cowperthwaite's paper? It may be urged that none will touch it because it emanates from the I. H. A. The AMERICAN HOMŒOPATHIST is not an extremist; it champions nothing but homœopathy, and would gladly copy from Dr. Wesselhoeft's address; but, alas! there is to it nothing but fault-finding and accusation—with one rare exception, and that exception eventually tends to the same end. We have had a kind word for the I. H. A. whenever that kind word was opportune. We are well acquaint with the majority of its members and know them to be gentlemen in the fullest sense of that term; but we also observe that these excellent gentlemen do not control the destinies of the Association and that those who are in control do not hesitate to misrepresent the Institute. It has passed into an axiom that no one can build himself up, by pulling another down. Our duty to the profession at large will not

perinit quotations from an address offering nothing for the welfare of homœopathy, and which, unfortunately, like its immediate predecessor, is calculated to prolong the ancient misunderstanding.

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What has Dr. Wesselhoeft to say concerning medical education? Is this not of sufficient importance to merit a few lines in his address? Is it not desirable that the colleges improve the standard, inaugurate new ways of studying *materia medica* and the *Organon*? Has Bro. Carleton's clean surgery done nothing for the I. H. A.? Have its members published no works that might be commended? Is there nothing but the old ulcer to be scraped and freshened lest it heal over? Behold, on the other hand, with what elaborateness Dr. Cowperthwaite descends to the minutest particulars when it seems in the interest of homœopathy at home or abroad. *His* eye is single to the glory of homœopathy, irrespective of potency, or dose, or the color of the paper in which the powder shall be enveloped. Did *he* have time or room to make his presidential address a menace to any other body of practitioners in our school? Nay, go to.

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What has the President of the I. H. A. said? First there is a reference to the death of two of the Association members, one of whom he eulogizes by name and deed—a eulogy in which we most heartily concur—and the other is quietly ignored, his name not mentioned; not, we believe, from disrespect—since, with all his personal peculiarities, his heart was in the right place, he was a popular and stalwart member—but simply because, dwelling amid the scenes of strife which the first name suggested, the orator was carried away from his original intent. And so poor Brown of Binghamton is dismissed without a word. The Institute did better by him than that. Following the eulogy is the recital of what happened nine years ago and which is become very much of a bearded “chestnut.” Then the usual diatribe against the Institute, and a few references to some offending professor of *materia medica* in New York. As a climax to this oddly constructed annual address we find the battle-cry, “No homœopathy without Hahnemannism,”—an absurdity without parallel, since no one, even the most “Eclectic,” has ever had the hardihood to claim that homœopathy could be homœopathy without Hahnemannism.

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Dr. Wesselhoeft's immediate predecessor in office was eloquent in *his* annual on the unbounded possibilities for good to the Association during the then forthcoming twelve months. He foreshadowed, in his own inimitable style of oratory, the dangers of admitting into the fold a wolf in sheep's clothing [Poor, dear Swan! Verily, verily, how sharper than a toothless child it is to have a serpent's thank], and the shibboleth “*materia medica*” smote pleasantly upon the ear and filled nearly every other line of his address. It looked nice and read glibly. There was food for reflection in the recommendations. What has become of all this fine talk? Was it nothing but talk, after all? Has the I. H. A. disregarded the importunities of its preceding president, and done nothing in the past year (after having it so plainly laid down.

to them), fit to round out a paragraph or two in the recently retired president's address? In one word, is there nothing to talk about in these addresses but the sword? Is this the kind of "leaven" from which a large-sized bakery was so exultantly expected? Alas! that cake will prove dough.

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Dr. Wesselhoeft says :

The Institute may take it for granted that no one will apply for membership who is not in sympathy with the law of similars in the treatment of the sick. This may be true or not; the fact remains that anybody in possession of a diploma, regardless of his views, experience, or convictions, will be welcomed with open arms.

"The fact remains" that this is a monster concession on the part of the president, to the effect that the Institute is not quite so bad as he has times out of number sought to represent it. And "the fact remains" that Dr. Wesselhoeft may have some difficulty to give the names of those who have within the three years past become members of the Institute, who were not at the time homœopathic graduates, professors, believers in, or practitioners of Homœopathy.

We read in the journals of the "little exclusive coterie," "the bottle-washers," "the idolators of the master," and what not more.

An "exclusive coterie" might with propriety refer to a body of individuals so exclusive that their sayings and doings shall not be made public by inadvertence or design.

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Let us see in how far this will apply to the I. H. A. If the plea for separate existence be, as so often alleged, the farther study of *materia medica*, and the promulgation of improved ways of prescribing, why has the I. H. A. persistently refused to favor the journals with copies of its annual Transactions from which to instruct their readers? Why has the accumulated wisdom, compressed and expressed within the covers of these Transactions, been made, as to the journals, a sealed book? Why has even a C. O. D. request from a non-member been ignored and delayed until twice repeated? Will the retiring president please define the class to which a society indulging in such peculiar methods may be assigned, if not exclusive? Were it not for the indefatigable labors of the *Homœopathic Physician*, and *Advance*, the great outside world of Homœopathy would be in dense ignorance of the excellent things said and done by the I. H. A., and, worse still, continue in contented darkness, curing the sick, and adding shekels to that stocking hanging in the attic, while the Hahnemannians are constructing fabulous cures and inditing "fighting" addresses. This exclusiveness can not be on the score of economy; for the proceedings have been twice reported gratis. Or if poverty be the plea, can not a few of these erstwhile reformers be prevailed on to contribute private means for the furtherance of their cherished hobby? Men and women who are so uniformly and universally successful with their cases, as reported by themselves, can not fail of being monetarily plethoric; why not then, in the interests of humanity, if not of your benighted Institute brethren, contribute of

your largess, that all may glorify your motive for secession, and, casting aside all other devices, cling only to the True Faith? Is not this the pearl of great price?

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Is the work of the I. H. A. so ineffably refined that it will not brook the light of criticism; is there danger of contamination by the non-elect should they see these sacred volumes; shall Truth be bound and gagged and kept secreted lest she be misled and undone by Error should they meet? or is there in reality so little to perpetuate in print, that the leaders, recognizing the need, surround the offspring with an air of mystery, thereby enhancing its value to the uninitiated. Is this Homœopathy with Hahnemannism? Out upon such a travesty! Who will dare assert that our first Grand Master, Hahnemann, would have sanctioned such a proceeding? *His* was a life-long effort to let the light *shine* that others might see and be cured of blindness. Homœopathy courts the fullest investigation. I. H. A.-ism, as interpreted by its former officers, denies it. Send your books out to the journals as if you had something to say and were not ashamed to say it; they are the ministers plenipotentiary. When the Southern States seceded, they sent representatives abroad to solicit aid. They did not form an "exclusive coterie," and refuse to hold communion with any but themselves. The figure is not so badly chosen, as you may discover before very many years have passed over your heads as an organization.

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If there has been any mention in the journals, of a recent period, of "bottle-washers," or "idolaters of the Master," it has escaped our attention—and we claim to read our homœopathic exchanges. Perhaps this also had reference to what happened nine years ago. Stop voting for Jackson! Shake yourself together—away from the idols of the past, and, like Cowperthwaite, and the new Homœopathy, fix your eye on the future. Mistakes have doubtlessly been made—who is free? It is human to err, but, when a proper spirit is shown to retrieve the blunders of the past, it is the rankest of obstinacy which stiffens its neck and refuses to see anything but the prints of the nails and the rent in the side.

Some even go so far as to accuse us of wrong-doing in ceasing to act like a wholesome leaven to the ponderous American Institute of Homœopathy.

Had the secession movement never taken place—had the Confederate States continued in the Union, who will say what bloodshed might not have been averted; what revolutionary schemes for future government of this country might not still be teeming in safety in the brain of the fanatic and the enthusiast, and how much farther along the scale of human destiny our country might to-day have progressed. Did any one accuse the Southern States of wrong-doing "in ceasing to act like a wholesome leaven to the ponderous American" Union?

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Has the end justified the means? Shall not the majority rule? Let *us* look at the facts. You have seceded from "the ponderous American Institute"; for a few years while the grievance, fancied or real, was fresh, there was something to animate your meetings; but with the mellowing influence

of time on that egregious blunder of the Institute (and your ex-president Allen and other of your own members are at work heroically and hopefully for its early rectification); with the admission of new men and women into your Association, who are not borne down by the weight of a sorrow they never experienced, who are not forever grinding their teeth and rending their apparel in perpetual memorial of that old struggle; with the rapid and favorable changes in the Institute methods;—pray, what is left you to-day as an excuse for continued separate organization? Men and brethren, can you not see that ultimately even the purest of your purists will tire of the endless repetition of wondrous cures performed? Can you not see that as these worthies retire one by one from the presidential office, their interest must cease, and their attendance on your meetings become few and far between? Can you not also see that the same leaven which caused the first break in the Institute cake still continues with you, and waits but the occasion to “raise” anew, kick over the dough and start another bakery? That is to say, if the few who profess to think for you, who write these “fighting” addresses, are not most implicitly obeyed, they will withdraw and form a new society. An example in point could be given were it necessary to satisfy you that we speak by the card. Is this exaggeration? The Reformation was the leaven in the Catholic church. It ceased “to act like a wholesome leaven to the ponderous” Catholic church. Did it continue a leaven all by itself? Can any one to-day recite off-hand the innumerable pieces of dough into which this original leaven has divided and subdivided itself? With all our personal esteem for Dr. Wesselhoeft, as a scholar, prescriber, and gentleman, we must admit that his annual address is a failure; that it had better never have been written; and that it were the part of wisdom to lose it in the Publication Committee.

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The calling of names has never yet been deemed either an evidence of superior acumen, nor of the truthfulness of the epithets; nor has the fashion ever redounded to the honor of him who indulges therein. A few words, therefore, touching this abuse in a former address emanating from the I. H. A. This president waxed exceeding eloquent in his denunciation of what he was pleased to term the Eclecticism of the Institute. The same vein of chastened reproof for the misguided Eclectic has wound in and out like the “red string,” in his lectures, class-room talks, and private instructions. What terrible fellows these Eclectics must be! However, as this referred to president was himself for many years an Eclectic practitioner, perhaps he is best versed in their nefarious practices. But see here, please: Eclecticism as defined by the fifth resolution of your 1886 platform is not the sole property or attribute, as charged, of the Institute. Will you dare assert that the skirts of the I. H. A. are unscorched of this fire? Nay, go to. That were a foolish contest to invite, with the records of Eclectic treatment by members of the I. H. A., with the names of the professing practitioners so readily accessible.

Says this ex-Eclectic ex-President:

In its first years the Institute was composed of able and true men, and its purpose was for truth and usefulness. But little by little Eclectics were allowed to creep into its membership, and soon, behold! the whole body is Eclectic.

The whole is no greater than the sum of its component parts. "And, soon, behold! the whole body is Eclectic." The language is forceful and its meaning unmistakable. Alas! for the "able and true men" who were the progenitors and are present members *de luxe* of the I. H. A. Of so little avail was their "truth and usefulness," so obstinate were the other eleven jurymen, that "soon . . the whole body is Eclectic." One moment, please. This eloquent if not strictly logical crier of Eclecticism is not and never was a member of the Institute, and never left his home town to attend one of its sessions. Whereof does he speak? Again: What shall we do with the I. H. A. members, honorable, clean-handed, painstaking gentlemen and ladies who were also of the Institute and sat unmoved under the droppings from this scathing arraignment of *their* Eclectic American Institute at that time; nay,—horror upon horror's head accumulate,—and still continue to be upright, homœopathy-loving, indefatigable members of the Institute to this day? Is this the exaggeration of a partisan writer—friend of the Institute and foe of the I. H. A.? Judge for yourselves then from a few names here submitted. Who of your number dare charge Eclecticism to Henry C. Allen, Clarence W. Butler, J. B. Gregg-Custis—ex-president, vice-president, and secretary of the I. H. A.? Who will dare bite his thumb at J. B. Bell—Bell of *Bell's Therapeutics of Diarrhœa*? Is he an Eclectic? And at friend J. A. Biegler; a stancher practitioner of I. H. A. doctrines never was member. Then there are Gee, Gentry, Hoyt, Lawton, Nash, Rushmore, Julius Schmitt, Alice B. Campbell, and—

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What need to extend the list? If Eclecticism be the *bête noir* that it is painted (which we are not disposed to dispute); and if the Institute is wholly Eclectic; then these gentlemen and ladies in continuing in the I. H. A. are not guiltless. The argument is, therefore, manifestly imperfect. Either the Institute is or is not wholly Eclectic; if it is, then the I. H. A. members have no business in it; if it is not, then the ex-president was mistaken—carried away by a present zeal. And as usual the horns of the dilemma are equal. Verily, verily,

Too great caution can not be observed in this matter. It is not great numbers that we want, but men of truth and purpose.

The Rev. Chadband was a great lover of Te-rewth; so also was that other architectural mosaic, the Hon. Mr. Pecksniff.

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Now, brethren of the I.H.A., the purpose of this article. Our frequent and mayhap hypercritical reference to the sayings and doings of your Association would preclude the supposition that we are solicitous for your early return; yet such is our desire; not that we love the Institute better, but because we love Homœopathy best. What has been said has been said in truth and soberness, without malice or uncharitableness. The hope has been entertained throughout, that by exhibiting to you in how little you differ to-day from the Institute, that the non-necessity for a continued separate organization, with its initiation fees, dues, and annual deficits, might be made apparent; and that if you will but view the problem from an unbiased standpoint, not through the eyes of your leaders,—and we address you now individually and

not through leaders who have no better or higher conception of the aims of the I.H.A., than to stir up internecine strife—if you will but look and think for yourself, it will seem incredible how you can continue obdurate, and remain a menace to the completest supremacy of Homœopathy. Since the struggle of nine years ago, when some particular committee (call it a ring, if you choose) seems to have had control in the Institute, many and vital changes have taken place. You can not save a ship by deserting it. The opportunity is at hand for *you* to make your specialty of materia medica a never-to-be-forgotten success in the Institute. Come over and help us. The sectional meetings re-inaugurated two years ago give to each bureau the fullest time desired. There is just as much Homœopathy within the pale of the Institute to-day as there is in the I.H.A. Ask those of your own members who were present and took part in the last session, if the bent of the Institute is not towards a purer materia medica. The retiring president gave it special attention; the president-elect was vouched for as a good prescriber, no opiates, the single remedy and potentized. The journals are full of the same theme. If the surgeons prefer to use certain kinds of knives or other instruments, or if the gynæcologists deem pessaries, stems, tents, and what not essential to their specialty, why oppose them? Better to convince them with unimpeachable evidence of the better way. Truth will prevail ultimately; but Truth may be made so unpalatable, may be clad in such unsightly raiment, that none but the very alert will ever discover it. Let us avoid the extremes.

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Don't let it go of record that the last two presidents, in their annual addresses, voiced the real feeling of the members of the I.H.A. Lay aside all personal grievances. Remember, we all claim our common heritage from the same immortal Hahnemann; and if we have individual preferences of opinion in medicine, as we have in politics and religion, why should that be esteemed a wrong, nay, a crime, when it is the common lot of human kind, and is that which gives zest to life; if we have different modes of applying our curative remedies, why should that engender fratricidal strife, when no two artisans wield their tools in the self-same fashion; when no two members even of the I.H.A. are a unit on the dose, the potency, nay, not even of the remedy? This must continue so to the end of time; so long as each of us is born a law unto himself. It is not needful, consequently, to forge these individual preferences into weapons of offense; for just so sure as we do, they become boomerangs—weakening our hold on the people. Only as HOMŒOPATHS—not as I.H.A.'s, or A.I.H.'s—can we hope to stem the tide of Old School misrepresentation and error, and assist in fulfilling the prophecy of Hahnemann:

“Our art requires no political lever, no worldly badges of honor in order to become something. Amid all the rank and unsightly weeds that flourish round about, it grows gradually from a small acorn to a slender tree; already its lofty summit overtops the rank vegetation around it. Only have patience—it strikes its roots deep under ground, gains strength imperceptibly but all the more certainly, and in due time it will grow up a lofty God's oak, stretching its great arms, which no longer heed to the storm, far away into all regions of the earth, that mankind, who have hitherto been tormented, shall be refreshed under its beneficent shadows.”

HOMŒOPATHIC THERAPEUTICS IN DENTAL PATHOLOGY.*

By DR.

H. Irving Thayer.

EVERY person present admits that there is a law of gravitation. Every one will admit that there are certain specifications in regard to the flow of the blood. All know that there are certain laws that cause voluntary and involuntary muscular contraction. It is universally conceded that certain laws must be obeyed to maintain a good physical condition. There are definite laws affecting the winds, storms, rains, snows, and our new-found terror, the blizzard. There are laws of nutrition, absorption, and appropriation. Laws, laws everywhere, and at every turn. If, then, everything in this sublunary sphere is governed by law, has the Almighty proved this rule, by making one exception, and never to have established a law of cure?

If there is a law of cure, has it ever even been partly discovered?

He who has visited cases of small-pox has come to the conclusion, no doubt, that he would not care to contract so loathsome a disease, especially of the confluent variety. I have been told by gentlemen of the dominant school of medicine, that if I would inoculate myself with a certain virus of a similar disease that I should be less liable to contract a disease similar to smallpox, and in the event that I did contract any disease similar to small-pox, I should only have a variety of small-pox in a very much milder form. The philosophy of such tactics is, that the system, already inoculated with a certain miasm, is protected from contracting the same disease of a similar variety, in a more intense form. They are right!

The experiments of Pasteur, which have been attended with more or less success, are based upon this same protective law. It is a law, and has been so proven millions upon millions of times!

This is the homœopathic law, that like cures or prevents like—*Similia similibus curantur*.

Newton did not make the law of gravitation; but he reasoned it out and discovered that law. Samuel Hahnemann did not construct that law, "the like cures like," but his penetrating experience reasoned out that "to cure gently, quickly, unfailingly and permanently, select for every case of disease a medicine capable of calling forth by itself an affection similar to that which it is intended to cure," and then he had tenable ground to stand upon.

* Read before the New Jersey State Dental Society, A-bury Park, N. J., July 18, 1888.

But to treat the sick with such a pointer to direct one's steps requires hard and laborious study to find out the true similar, and where failure comes in, as it rarely does, it is not from the permanency of the law, but is owing to the inability of him who is attempting to follow that law ; he is not up high enough in a full understanding of drug pathogenesis, so as to have found his similimum.

Were one called to attend a child whose stomach was full of stramonium seeds, the law of cure would require the removal of those seeds by mechanical means, just as the intelligent dental operator would remove a putrescent pulp. Nature might or might not be able to remove the remaining pathological conditions ; but with proper assistance she can almost invariably return to her former physiological condition.

In regard to the controversies concerning the value of M. Pasteur's treatment of hydrophobia, we are too apt to forget the very important achievements that he has attained unto. "Just consider," Drysdale says : "the silk trade of France has been restored, after it had been almost totally destroyed by the ravages of a disease among the silkworms. This disease was stopped by M. Pasteur by the means of the cultivation of the microbe of this complaint."

Shades of Hahnemann!

"Thousands of sheep and oxen were likewise saved by him by inoculation of the cultivated microbe" that caused "charbon or splenic fever." Nothing could be more homœopathic, and the law upon which these processes depend is the same as that underlying Hahnemann's great discovery.

The original specific miasm, or microbe, has been somewhat modified by cultivation, just enough to change the original poison into a peculiar virus, that when used to inoculate a subject, produces an analogous disease, which acts as a specific prophylactic and protects from or mitigates the original prime or specific disease of greater intensity.

Is the millennium about to commence, when men who have held antagonistic views of this well-established law of cure begin unconsciously to practice its methods? and indisputable facts force the unwelcome truths upon their minds? What high priest, other than the little microbe, can be performing this marriage ceremony?

Homœopathic therapeutics does not consist in the dilution or size of the dose ; but the "healing power of medicines rest upon their faculty of producing symptoms similar to the disease, and superior to it in strength, so that each individual case of disease is most certainly, fundamentally and rapidly extinguished and cancelled by a drug which is more potent than the disease, and capable of producing in the body symptoms most similar to and completely resembling the totality of those of the disease," be it by the action of a drachm of the crude drug or by the one-thousandth centesimal trituration.

The nearer one selects a drug whose pathogenesis corresponds to the totality of symptoms found objectively and subjectively in the patient, the higher can he run up his remedy and the quicker will he obtain curative results.

The pathogenesis of a drug is the symptoms that will be noted by a well person who takes the crude drug or some one of its triturations or dilutions for a series of hours, days or weeks.

A continued proving of sugar, chloride of sodium, starch or pepper, all articles of food, will produce certain pathological symptoms. If, then, such simple substances will produce abnormal symptoms, what shall be the result of a continued proving of aconite, arsenic, belladonna, aurum, bryonia, causticum, china, croton tig., eupatorium perfoliatum, ferrum, iodium, ipecacuanha, creasote, mercurius corrosivus, or bichloride of mercury, nux-vomica, phosphorus, platina, sepia, spongia, silicia, sulphur, tellurium, plumbago, thuja and zinc, to say nothing of the many dozens of other remedies?

Make a proving of the bichloride of mercury, of which we have heard so much of late, as an antiseptic, and it will produce these symptoms. All of the symptoms will be worse at night and during damp weather. Corrosive sublimate will produce suppurations, especially in the glandular system. Tonsils, for instance. Nothing can equal the 1st decimal trituration of merc. corr. to arrest, abort, and prevent threatened ulceration of the tonsils; and yet, some tremble when they use this remedy in the strength of 1 to 1000, while for fifty years they who have practiced upon the homœopathic law have painted both tonsils with this terrible poison in the strength of 1 to 10, and have not salivated their patients nor poisoned them. I have prevented tonsillitis or quinsy sore throat many times by this means; and, why can one do it? Because it will produce this same trouble if proved upon a well person.

Take mercury, and it will make one's teeth sore, loose, and make the teeth feel too long. Here you have a picture in this last symptom of dental periostitis, and hundreds are the cases of threatened periostitis that I have seen melt away by this treatment, as a piece of ice would in a July sun. If the case has gone on to well-established exudation into the parenchyma of the tonsils or into the periosteum, the case has then got beyond the power of bichloride of mercury to prevent.

When a patient has put in an appearance late, and suppuration is inevitable, calcium sulphuratum, or more commonly called hepar sulphur, in the third or centesimal trituration, will hasten on to suppuration and get the abscess to discharge sooner. Then drain, destroy your microbes and make the canals aseptic, seal the foramen, and you or your patient will never have any more trouble in that locality, unless the patient is intensely strumous, syphilitic, or burdened with a psoric miasm.

Hepar sulphur will control excessive suppurations and bring such exudations down to moderate limits.

Mercurius will induce suppurative inflammations, and its employment in inflammatory states of the organs it influences, like the pulp and peridental membrane and mouth, when pus threatens to form, is as obvious as it is successful. Hepar sul. acts similarly, but it goes further ; it will often check suppuration when impending ; and, when suppuration is inevitable, it has a wonderful power in promoting it, and conducting it to a speedy termination.

Another very effective remedy in dental pathology is a stone ! Flint ! Silicia. This is reduced by trituration and is used somewhat like mercurius and hepar. Its deep and slow action makes it more appropriate for chronic, rather than acute disorders.

Hughes says that "the first great property of silicia is its power over suppuration ! It does not act like mercury in averting this condition when threatening ; and it is inferior to hepar sulphur for promoting it when inevitable. But when once established, and by its excess, or long duration, is causing mischief, the effect of small doses of silicia," over such excessive suppuration, is sometimes really magical.

The 30th will be found most active in old fistular openings from or through the alveolus, and in cases of traumatic injury, or where extensive inflammation has gone on to suppuration, and the pus has burrowed under the periosteum of either maxillary, so as to cause extensive necrosis, or foul pus exudations from the antrum are present, silicia from the 6th to the 30th centesimal dilution will work wonders.

Silicia is for chronic cases of suppuration. Pyorrhœa alveolaris, where there is a low form of inflammation and pus exuding from around the teeth. No constitutional treatment will remove a foreign body out of the soft tissues, other than by the processes of suppuration, or by some mechanical means ; so all foreign substances should be removed from around the teeth, and after one has removed the exciting cause, silicia will very materially help the inflamed tissues on to a more speedy recovery.

The dental practitioner has many cases of acute pathological conditions to contend with ; notably, acute pulpitis and incipient periostitis and gingivitis.

Besides the soft-solids and calcareous salts of tooth construction, there is found in its bony canal not only an artery and vein, but a whole mesh of nerve tissue. When the pulp is destroyed, all of these tissues of the circulatory system are destroyed. They, with the nervous mass, constitute the pulp.

For the past fifteen years the writer has not used his lead mallet, or engine, to gouge out any of his patient's eyes. Neither can he remember of a single case, where he had applied arsenious acid to destroy a

living pulp. It is believed that there is a better way, and that way consists in trying to save any exposed pulp. As the wind blows through our journals, and discussions appear in our dental meetings, such conservative treatment as that is considered but one remove from idiocy, and he who will advocate such proceedings must be indeed weak-minded and behind the age. It's a good thing to be somewhere and not ashamed of the truth that is within you.

Aconite, another valuable dental ally, whose use by the profession has been mainly as a topical dressing. That is well, but there is a much wider field of action for aconite than was ever dreamed of in the philosophy of him who has never tried it !

The cerebro-spinal system is deeply invaded by the poisonous principle in wolfsbane. The heart and arterial capillary vessels are so paralyzed as to produce violent congestions and inflammations in any and every organ and tissue in the body that contains capillaries.

What a picture is that for acute congestive pulps ?

Acute congestive pulpitis is an inflamed, a fiery condition of connective tissue, vein, artery, unto the minutest capillary, and the mesh of nerve fibers that permeate its whole parenchyma, by a stasis of blood distension and abnormal packing. By taking aconite in a sufficiently high dilution, one will produce just such a condition in pulp tissue and other soft tissues throughout various systemic localities, and that is why aconite will cure just such a condition, because it is capable of producing it. *Similia similibus curantur !*

Aconite's action is like the first stages of inflammation, and one of the greatest blessings that ever got into the hands of him who knows how to wield so potent an ally. But aconite will not control all inflammations, such as the hot stage of intermittent fever, or phlegmonous inflammation of the skin, as shown in erysipelas. The primary impression of aconite is communicated to the vaso-motor filaments which regulate the circulation of the blood in all the vessels. If aconite, largely diluted with water, is brought into contact with the web of a frog's foot, contraction, and afterwards dilatation, of the capillary vessels will ensue.

Now, in a congested pulp we first have, by irritation of the vaso-motor filaments, a contraction of the arterioles and capillaries retaining the blood within them, and this contraction of nervous tissue, in conjunction with capillary pressure, produces pain, and acute pulpitis. Now, aconite will—if you do not ingest it too low—cause the motor nerve filaments to induce a dilatation of the capillaries, permitting the static blood to flow freely again, as it will do in the web of a frog's foot ; and when this is accomplished, you will have normal function established again in all the parenchyma of that specific pulp.

But no one can trifle with that pulp. What caused a stasis of blood

in it once, especially if it was from thermal change, will do it again much easier. A relapse is frequently more violent than the original attack of any specific disease, and this holds true with regard to the pulp. Reduce the inflammation by appropriate constitutional symptomatic treatment, and properly perform the mechanical and surgical operations, which no one but a dentist can do, and there will never be any more trouble with that specific pulp until, by the neglect of the patient, there again arises an exciting cause similar to the original injury.

BROOKLYN, N. Y., 80 South Portland Ave.

(To be continued.)

STANNUM IN SOME FORMS OF HEADACHE.

BY DR.

Ernst M. Rabcock

HUGHES gives this remedy third place in his remedies for migraine, and he is more generous toward its claims than most of the authors on practice. Baehr does not mention it in his treatment of headaches. Raue does not mention it in his treatment of headaches, but gives it a place in a long list of remedies for supra-orbital neuralgia. A. F. Small almost entirely omits it in this connection. Jahr passes it by unnoticed; so does Ruddock; so does Ockford, etc., etc.

I want to place stannum in the list of great remedies for headaches of the subacute or chronic form. Acute headaches are easily handled, but these old chronic fellows need all the care we can bestow on them.

The following is a stannum case, one of more than a dozen in my last year's note-book:

Mr. R., carpenter, aged 43, a patron of the allopathic school of medicine, came to my office a year ago and said he wanted me to try to help his headache. Said he had it four or five times a year, and that nothing he took did any good except morphia sulph., and it only eased the pain for a few hours. The pain lasted several days, and was over and in the right eye, and was so intense as to prevent his doing any sort of work. The pain was intermittent, with something of the stannum crescendi et diminuendi style about it; the entire cellular tissue around the eye was black from congestion, and the bony structure very painful upon pressure. Heing says of stannum: "Headache

every morning over one or the other eye, mostly left, gradually extending over whole forehead, increasing and decreasing gradually, often with vomiting." This was not the picture my patient gave me ; but let us read further from same author : "Migraine, cerebral in origin, rather than gastric, atrocious pains with congestions, etc."; the last sentence told a part of his story, and it, together with the increasing and diminishing pains, made me consider stannum. Still, I do not think I should have prescribed it if I had not in my note-book a record of several other similar headaches cured by it. Stannum 3x trit. cured the case in three days, and it has remained cured up to date.

Stannum will not cure headache if it is not homœopathically indicated, but my observation teaches me that it is much oftener indicated than prescribed.

COLUMBUS, WIS.

RHUS TOX. IN THROAT AFFECTIONS.

JULIA T. HAYWOOD, M.D.

A FEW weeks ago my attention was directed to rhus as a throat remedy, in so marked a manner that I feel impelled to report concerning it.

In June last I had been suffering several days with a soreness of the throat, which was constant and accompanied by great pain on swallowing. The usual remedies afforded a slight relief for a day or two, only to be followed by a return of all the symptoms in an aggravated form. The distress had become so great at night as to entirely prevent sleep for two nights in succession. In despair at the thought of passing another night of suffering, I took a hand mirror and reflecting light, and made a careful examination of my throat, which had been twice examined by another physician. I found the mucous membrane of nearly a normal color, slightly swollen, and all the fauces covered with a vesicular eruption. The other symptoms were constant aching, intense pains on swallowing, a dryness, worse at night, with a decided nightly aggravation. I took my case and glanced along the list of remedies, and decided upon rhus 3x. Prepared some in water, took a dose and retired. In a few minutes found my distress greatly increased, and up to midnight experienced no relief ; then repeated the medicine and soon fell asleep to awaken next morning with but few symptoms of a sore throat, and those so slight as to be entirely removed by one dose more during the day. The throat trouble had lasted, with some intervals of relief, two weeks. Have had no return since, and have also noticed an improvement of a troublesome catarrh. A few days later a patient complained of a very sore throat. Examination.

revealed the same appearance as mine had presented. I prescribed rhus, and in a day the patient reported himself well. He took one dose and experienced a pronounced increase in the severity of all his symptoms. This, however, the second dose relieved, and the next morning all trace of the soreness had disappeared. He took the medicine but twice.

A third case, identical in all symptoms, followed a week later, and the same cure was as easily effected.

All three cases had the vesicular appearance. I mention these cases as I can not find such a group of symptoms under indications for throat remedies in any of the six authorities I consulted—Burt, Lilienthal, Raue, Cowperthwaite, Hughes, or Hale. The only mention I can find is where Dunham speaks of its value in a sore throat attending measles or scarlatina, and says the eruption may involve mucous surface. Lilienthal does not even mention rhus as a remedy under tonsillitis, quinsy or sore throat. I have met with these vesicular sore throats before and failed to cure, but feel better armed against their appearance in the future with rhus enrolled among the list of throat remedies.

ROCHESTER, N. Y.

DIPHTHERITIC CROUP.

CHAS. A. STEDMAN, M.D.

NOTICING the case of Dr. Martin in May issue of AMERICAN HOMŒOPATHIST on Diphtheritic Croup, it occurred to me that I had a case which might interest some.

CASE.—Thursty P., æt. 4 years, was seen Oct. 2, 1886; first found tonsils swollen, highly inflamed, and covered with a diphtheritic deposit; breath very foul and nostrils closed, making breathing very hard. Gave merc. prot. iod. 2x every hour; saw case about eight hours after and found membrane loosening and some coming off; continued medicine only once in 3 hours.

Oct. 3.—Membrane lessening and better; continued medicine, but at night came for me, saying he had taken cold. I found him breathing hard and coughing; each time he coughed he would expectorate small strings of tough mucus. Gave kali lich. 3x every hour; before morning they came for me again, saying he had croup and was dying; that he would choke until black in the face and then be relieved; gave spongia 2x, a small powder every fifteen minutes, and greatly to my surprise in an hour or so seemed some relieved; so continued medicine.

Oct. 4.—Croup some better, but noticed membrane on tonsils increased and breath becoming foul again, so continued spongia 2x every hour.

Oct. 5.—Still better of croup and had a comparatively good night, but the diphtheritic condition remaining about same or but little worse.

Oct. 6.—Signs of croup passed away, but diphtheria seemed to be worse and gaining rapidly, both nostrils closing again as fast as possible ; so gave merc. prot. iod. 3x every hour, small powder, and by Oct. 20, or in 18 days, discharged my patient. The last days from Oct. 6 the remedies used were merc. prot. iod. 3x to 6x, merc. sol. 3x to 6x, and kali. bich. 3x.

He took for nourishment nothing but milk all through and during convalescence beef tea and milk, etc., and very light diet ; he made a good recovery, without any paralysis or any of the bad effects usually left by some treatment. This proved to me, although perhaps a little longer in recovering, that homœopathic remedies will cure bad diseases without whisky or inhalations, or the swabbing and burning that is usually practiced.

CLAY CENTER, KAS.

PARALYSIS—"WHAT ARE ITS CAUSES?"—A NEW THEORY.

R. BOOCOCK, M.D.

THE examples that I shall give in this paper are a few of the paralytic cases that have been treated by me during the last fifteen years of practice ; and the prompt cures have led me to doubt the correctness of the causes for paralysis as laid down in the medical books, most of which you will remember give, as its cause, diseases of the brain or nerves. I do not wish to be understood as denying that brain diseases or diseases of the nerves will not cause paralysis ; but when these exist, they are indicated by a variety of symptoms known to the patients and observed by their friends. But it is to that class of paralytic cases which come on suddenly, or are made manifest without any previous indication or any known cause, or that are the unlooked-for result of some diseases said to have been cured, the patient being to all appearances in good health and spirits, except the discomforts caused by the paralysis.

The success of these cases and many others have led me to believe that all forms of paralysis can be cured, and that very promptly, if taken in time and the appropriate remedy given.

I am fully persuaded that there is no brain disease or diseases of the nerves. If there were, then recovery would take time,—remove the disease and cure the nerve or the diseased portion of the brain, which could not be done under any system in the short time taken by some of these cases ; all of which up to the present time remain well, with no symptoms of any relapse, except the two who died, one from morphine drugging and the other from consumption.

My theory is that of pressure (within the brain) on the nerves con-

trolling those portions of the body paralyzed. I have seen persons (dead drunk, as it is called) completely paralyzed, not able to move a muscle and scarcely able to breathe (the very picture of a case of apoplexy); not a muscle or a limb could be moved by any one; and yet, when the fumes of the alcohol had passed off, perfect recovery followed. Such a case we know is caused by the enlarged blood-vessel, loaded down with dead and used-up particles that should have been thrown out of the body; and would have been, but for the alcohol in the drink causing the inflation of the venous system and robbing the arterial system of its nerve-nourishing power. Thus, while the system was full of blood, it was very near useless, having very little vital power. Such is the class of cases we have in delirium tremens—mania-a-potu—and those bordering upon that condition.

What have we learned from these cases of alcoholism? I fear nothing, as we should have done. But such cases may suggest to us something. What is the cause of the expanded venous system, the perfectly enlarged veins. It can not be from too great a manufacture of blood, more blood made than the body needs. That is the theory which I fear many go upon. If not, why so many prescriptions of alcoholic beverages to make blood. Do these alcoholic beverages make blood? *No*, they rather tend to destroy it. I fully believe that it produces a ferment in the blood, and the gas or air arising from such fermentation fills the veins and gives them this enlarged appearance in all drinkers, brandy drinkers perhaps more than others. Many aged people who do not drink at all have very enlarged veins. In many persons fits of anger will cause the veins to expand and knot up, giving them for the time being a varicosed appearance. There may be many other things in our daily living which will cause this condition of fermentation in the blood distending the veins. I use the word ferment instead of the more scientific one of *bactaria*; for as illustrated by some of the following cases, the pressure from a varicosed vein in the brain, upon some nerve whose effect is seen in paralysis, may be speedily removed; and the cause removed, the patient recovered as quickly as a person may recover the proper tone of nerves after a fit of anger; which perhaps could not be the case if the *bactarian* theory was accepted. In this line of study we may have very much to learn.

You will see that my theory for paralysis is a pressure within the brain, either from the distension of the veins, or from a dropsical condition—water in excess in the ventricles of the brain. This is partly confirmed by the fact that often after death from paralysis there is a bursting of something in the head, and blood and water flowing from the nostrils and ears of the corpse; and also in post-mortem examinations a quantity of watery fluid is often found, but passed over as if of no account, as a diseased brain or nerve tissue is what they are looking for, but which they very seldom find.

The majority of post-mortem examinations on paralytic subjects fail to show the brain tissue diseased, and there will always be difficulty in finding this to be the case until we know better what changes the act of dying cause. When the immortal spirit which permeates the whole, and every part, and keeps it in life, at death departs, His work is done, and the material earthly house left behind can never show how it has depended on its constant presence and help for life and vitality.—My theory is ended—let my experience in cases cured speak.

ILLUSTRATIONS.

I will begin with the most recent first. Mrs. Fleming, 86 years old. Paralysis left side. Paralysis of two years standing, not being able to help herself in any way. I thought it a good case to make a trial of. I gave nux 3d every three hours, and in six weeks she surprised every one who knew her by showing them how well she could walk. After a week or two she could pick up her chair and carry it to the table. When first taken with her palsy, her physician said nothing could be done for her, and made no trial in any way, and yet after two years of passive endurance, totally helpless, was cured by the use of nux 3d.

Isaac B., aged 72 years, was struck one summer evening with paralysis—right side. I was called, being the nearest physician. I found his mouth drawn towards the left side, and the nerves of the right cheek twitching at a fearful rate. Conscious, but having no power to speak. Right arm and leg lifeless and no feeling in them. I at once gave nux and bell. in alternation every five minutes. At first he had no power to swallow—it was like pouring water down a pipe, you could hear it fall. After two doses of each I saw an effort to swallow; I then let up on the remedies, giving them ten or fifteen minutes apart. He soon made an effort to clear his throat and spit. I had called for hot water the minute I went into the room, which was procured as soon as possible, the fire having to be lighted before it could be brought. I then covered his head with a large flannel wrung out of the water as hot as my hands could very well bear. While I was doing this his family doctor came in and sat by his bedside lifting his arm and letting it drop several times, but did not in any way help or interfere with me. He called it apoplexy.

I am very happy to say in less than two hours he had fully recovered the use of all his faculties, was able to lift himself up in bed with his right arm, and converse with his wife and children. The next morning he was able to dress himself. He continued well all day, but in the evening his family physician gave him injections of morphine to sleep him, and it did,—but he never woke up again.

Ann B., aged 60 years, single woman, was known to have made pies for dinner, but at dinner time she had forgotten it, and was sure

there was none. This was the first evidence of something wrong. She next lost words, then feeling in her fingers, and feet. At this point I was sent for. I gave lachesis 6th, for loss of speech and memory, and cedron for loss of sensation in extremities of nerves. She improved, and at my evening visit was very comfortable. The only feeling was like pins and needles, she said, in her hands and feet, and a heaviness in arms and legs. I gave nux and cedron, with prompt recovery. She will not be *without* these two medicines, and whenever there is any return of giddiness of her head or numbness in her fingers, she takes them on alternate days, now after six years.

Miss Fawning, aged 13 years, had recently had scarlet fever with good recovery; some four weeks after I saw her at the parents' request. Her mouth was drawn to the left side, which gave her a very peculiar appearance. Dr. Rushmore of Hempstead had attended her through her sickness and had for two weeks been giving her the usual remedies, but with no success.

My theory was that there was some dropsy within the brain and pressure was made on these nerves, which was the cause of this form of paralysis. I gave apis 3d, and cured my case in two weeks.

PARALYSIS OF VOCAL CHORD.

Mr. Crosby, of Catskill, was induced to try homœopathy. He had lost his voice for ten years, and some of the best specialists of throat diseases in this and other States had told him that he would never speak a loud word again, as the vocal chord was completely paralyzed. He could speak in a whisper, but not articulate so as to be heard at a short distance. I gave him causticum 1st glob. no. 35, four every four hours. He was able to use his voice in a week. I then gave the 3d and 6th. His voice continued good until his death some years after. He died of phthisis.

PARALYSIS FROM COLD.

Mrs. H., of Mount Vision, Otsego Co., came to me suffering from a stiff jaw; no power to open her mouth; the stiffness was only on the left side. She could not account for it unless it was caused by a cold wind she had driven against some weeks before. She had tried her family physician but no help came; she was promptly cured by kreasote 3d in a very short time.

Mrs. Powell, of Cossackie, had her left cheek and arm completely useless from paralysis, caused by riding to her brother-in-law's, some seven miles. The wind blew on that side all the way. Nothing that they could do was of any avail. When I saw her I gave her kreasote 3d for her face. The next day she could laugh with both sides of her face, and nux restored the use of the arm in a week.

PARALYSIS BELOW THE KNEE OF BOTH LEGS.

Mrs. Gomez is a niece of Mrs. R. Fleming, and hearing of her aunt's recovery from paralysis of left side of two years duration, she was induced to send for me. I saw her at her household work, doing it on her knees. This she said she had done for ten months. This was her history. She had been sent to a homœopathic hospital suffering from septicæmia, or blood poisoning (from absorption). She was to all appearances recovering when some one was dying, or thought to be, in the ward; she made an effort to get out of bed quickly, and fell, her knees having lost their power; this continued with no improvement so far as her limbs were concerned. Dr. Butler then attended at her home and massage treatment was faithfully tried, but with no perceptible help. Her general health was good, she was very cheerful, but helpless. After a careful examination, I found the body well developed above the knees, but below the muscles were very soft, and one, where there was a large scar from abscess, was considerably shrunk; the ankle-joints were useless and the feet had no power. I gave puls. 3d and ordered cold water douches and plenty of friction; at the end of a week there was more color, and I thought the muscles harder. I got her to stand up, and then she walked round the room with my help. It was a joy to see her gladness; she clapped her hands and happy tears ran down her cheeks. The treatment I continued, and recommended her crutches; at the end of a month she was able to do without them; a pair of strong boots that lace up the ankles enabled her to walk about without any help. She has been out to Flatbush to see me several times; the improvement is steady, and would have been more prompt but for an appetite for wine and other drinks.

FLATBUSH, L. I.

BOOK REVIEWS.

THE HYGIENE OF THE SKIN, OR THE ART OF PREVENTING SKIN DISEASES. By A. RAVOGLI, M.D. Cinti. Central Medical Publishing Co. 1888. Pp. 395.

Dr. Ravogli states in the preface to his book that it was the outgrowth of answers to the persistent questions which are asked almost every physician, such as "How can I get rid of this eruption?" "I never had anything on my skin," "Can I drink beer or coffee?" "Can I eat butter?" etc. In conformity with this as a basis the author builds up a readable volume, one that makes an excellent vade mecum for the busy physician as well as a text-book for the dermatologist. He has also succeeded, we think, in removing many prejudices from the minds of the laity touching skin diseases, prejudices which are very many times the cause of the eruption or making existing ailments worse. Under this idea he has endeavored, and, we think, has succeeded in

explaining every application to the skin so that it may result in clearing and maintaining the complexion and preserving the skin with its appendages, the hair and nails. Of course the reviewer of this elaborate work makes no pretense of having mastered its contents, nor yet possibly to have gleamed the genius of the work; but he has delved here and there in the subject and has uniformly been pleased with its style, its general treatment, and the measures recommended. One of the principal chapters, and by no means the least interesting, is that devoted to the hair, its dressing, wigs, diseases, superfluous and redundant hair, shaving toilet, dyeing, and other facts of interest in the treatment of this fairest of nature's coverings for the human body. It is withal an interesting book; it reads glibly, free from the pedantry which is so apt to creep into the style of a specialist, and above all we mark with pleasure the conspicuous absence of intolerance of everybody else's ideas of treatment of the same or kindred diseases. We believe it to be an excellent treatise on this subject and have no hesitancy in commending it. Aside from its intrinsic value, we desire to compliment the publishers on their splendid effort in the way of book-making which this volume shows forth. It is a credit to any printing-house.

THE PHYSICIAN'S LEISURE LIBRARY. Nos. 8 and 9. "Infectious Diseases," by KARL LIEBERMEISTER, translated by E. P. HURD, M.D. Geo. S. Davis, Publisher, Detroit. Subscription price, \$2.50 a year. Issued monthly. Single copies, 25 cts.

The purpose of the publisher seems to be to place before the medical profession a species of paper-back literature similar to the popular form of novels now so much in vogue; the price, therefore, of each volume is within the reach of all, and if the entire series be not desired a single number may be had. Infectious Diseases, however, is not the work we supposed it to be; it deals with its subject almost solely on the basis of the bacilli and germ theory. This is, of course, no condemnation of the volumes, simply a disappointment. Intrinsically and from this point of view the books are instructive and valuable. Aside from the old school pathology, diagnosis and treatment, the subject is not badly handled or without interest to the homœopath. For those in our school who affect the erudition of the German school these books will prove valuable.

ALDEN'S MANIFOLD CYCLOPEDIA OF KNOWLEDGE AND LANGUAGE. With Illustrations. Vol. I. A to America. New York: John B. Alden, Publisher. 1887.

It is with no ordinary satisfaction that we speak highly of this work, the first volume whereof lies before us. It is truly *multum in parvo*. It would be difficult to take hasty snatches at its manifold subjects and not lay the volume down a wiser man. This volume contains 630 pages, each particular page filled with matter of interest sufficient to entitle it to a careful perusal. It has been our misfortune (?) to have had occasion to refer to it for some *one* thing, only to find that we were unable to stop with that one thing, being insensibly led on to read either what preceded or followed—which we had not intended when we referred to the book, and thus have given it time which we could not really spare from our other work. Its clear type, illustrations, handsome binding,

and withal cheapness of cost need not be referred to here. Alden's works are universally popular for each of these items. We shall look forward with pleasure to the publication of future volumes.

ATHOTHIS: A Satire on Modern Medicine. By THOMAS C. MINOR. Cinti. Robt. Clark & Co. 1887. Pp. 194.

We confess, at the start, to having solicited from the publishers a copy of this work, being confident that any work from the pen of Dr. Minor would be a valuable acquisition to a library either literary or simply medical; and we were not disappointed. We have been noting for some time T. C. M.'s contribution to the *Lancet-Clinic*, and have always enjoyed their vivacity of manner, their forceful language, and erudition. The sub-title of the book indicates its range; it is a satire, in its broadest and deepest sense, not on any particular school but on all. The general arrangement seems to be patterned after "The Devil upon Two Sticks" of M. Le Sage, differing however in the subject-matter. The book is in the nature of an Egyptian romance with a Dr. Faustus character and a cat. Dr. Paulus Androcydes is described as a modern physician much engulfed in the history and mystery of Egypt. His pet cat Anubis, a constant companion, by some potent charm evolved from the Egyptian papyrus records, is suddenly transformed into Athothis, a chief physician, astrologer, etc., of an early period in Egyptian history. In gratefulness for his release from bodily death Athothis shows Dr. Androcydes the "true inwardness" of modern medicine, comparing our present practices, boasted advances and improvements with those of his age, and invariably to the disadvantage of the present day. One cannot help marveling at the range of Egyptian knowledge and with matters and things appertaining to that Lost World, which the author possesses in order to correctly carry out the unities of his satire. The reference by Athothis and the Doctor in their frequent conversations to books and methods of practice which obtained among the Egyptians and their neighbors stamps Dr. Minor as a deeply read and well-informed Egyptologist. The story is interesting and continues so to the close of the final chapter. It is well written, and the printer and binder have done well by it. We congratulate Dr. Minor on his work, and hope he may "do so again."

PREMATURE BALDNESS IN THE UNITED STATES: The Customary Treatment of the Hair Considered in Relation to its Remarkable Prevalence. St. Louis: Published by Arthur R. Deacon. 1888.

A readable and withal interesting book. An English gentleman writing from his home, under a promise made while in this country discusses the great prevalence of baldness among our people. In a few brief words it may be stated that the cause assigned is *soap*, and the remedy, *oil*. The work is logically perfect, and whether his premises be altogether or partly faulty, there is much food for thought in the brochure. We know of no better way to read for an hour on the care of the hair than to absorb these 20 pages.

* —Dr. Wm. Tod Helmhuth, our poet surgeon, has had conferred on him the degree of LL.D., by Yale University. We extend congratulations.

OUR EXCHANGES.

EFFECT OF ARNICA ON A KITTEN.—"Ferrum," sends us the following interesting note: Three days ago, my wife accidentally stepped on the body of a kitten 7 weeks old; and, in great trouble, brought it to me, wanting the poor little thing put out of its misery, as it was writhing and moaning in agony, and apparently dying. Just to give it a chance, I put one drop of arnica, No. 1, into a teaspoonful of water, and drenched the little animal with it. She was easier almost instantly, though very restless; waddling and tumbling about. After a few minutes she began moaning again, when I poured another dose down her throat. The effect was marvelous. It acted like an opiate; the little thing was quiet directly, in a few minutes was asleep, and slept, though rather restlessly, for six hours, waking up comparatively well; and she had no relapse. Of course I have given her a few more doses of arnica, though there seemed no real need for further treatment.—*Hom. World.*

VICTIMS OF THE FAITH CURE.—The town of Medford is excited over the death of Mrs. Lottie A. James and her new-born infant, which occurred yesterday morning. Mrs. Connor, the mother of Mrs. James, practices the cure of diseases by prayer or by the method of a Christian scientist. The husband of the dead woman is away from home on business, and it appears that no midwife or physician other than Mrs. Connor was called until after both mother and child were dead.—*N. Y. Tribune.*

A more recent account mentions that this fanatic has been bound over to a higher court under a bail of \$5000.

COFFEE DRUNKENNESS.—It is more than probable that the evils from excessive use of coffee increase yearly. One practitioner of our acquaintance claims in public print that coffee induces insanity. Doubtless he will soon give the reasons for such a belief. All professional men are able to recall numerous instances in which coffee has induced more or less serious symptoms. It seems that personal idiosyncrasies often determine the extent of the evil. From our own personal experience we must say that the evils upon the eyes and ears of people are more frequent from coffee than from tobacco or alcohol. It does not absolutely destroy vision or hearing, but it induces functional troubles very annoying to their possessors. That the coffee is the efficient agent appears from the fact that upon the entire discontinuance of the use of coffee the symptoms complained of disappear.—*Am. Lancet.*

BILL NYE ON THE GASTRULÆ.—Gastrulæ, as you know, are of two classes, viz: malignant and intermittent. It is the first class that is most likely to get their blastopore plugged up. Then trouble begins. Cilia begins to erupt on the epiblast and microbes break out all over the duplex. You can't be too careful about this. A blastopore, if I've got the right idea of what a blastopore is, should be brought in every night, or the boys may get hold of it before it is ripe. I would rather see an epiblast of mine, or a blastopore, or a gastrulæ for that matter, in its grave, than mixed up with an investment of cilia, or any other doubtful financial matter.—*New York World.*

HOW A BLIZZARD KILLS.—A curious observation has been made from a study of the condition in which the victims of the blizzard,

which recently swept over Indiana and a wide tract of the North American continent were found. It seems that death was due not to cold, but to suffocation; the unparalleled suddenness and extent of the fall of temperature converted the snow into ice-crystals, which were ground by the gale to a fine, dry ice-dust, and the air was thus rendered quite unfit for respiration. This would make the effect of the blizzard analogous to that of the dreaded sand storms of the Sahara. It is stated that the number of deaths, so far from being exaggerated, has been a good deal understated by the local newspapers.—*Brit. Med. Journal*.

SINGULAR CASE OF YAWNING.—A case of a somewhat remarkable character is at the present time in the London Temperance Hospital. A girl, fifteen years of age, had the last molar tooth in the lower jaw, on the right side, removed about seven weeks ago. No anæsthetic was administered. She was in perfect health at the time. Half an hour after the operation she began to yawn, and has continued to do so constantly ever since. One yawn succeeds another, without interruption, and with an interval of two or three seconds.

THE CAUSE OF CLEOPATRA'S DEATH.—Grand-Maraïs, of Nantes, has recently written a pamphlet to prove that the death of Cleopatra was caused, not by the bite of the asp, but by asphyxia from carbonic acid gas. He is led to this conclusion by the fact that her attendant women were found dead beside the queen's bed, while no marks of a serpent's sting were found upon her body.—*Annales d'Hygiène*.

TONSILLOTOMY AND IMPOTENCY.—It would, perhaps, hardly be credited that prejudice still exists against this operation, from a belief that it arrests sexual development. Such an ignorant thought was suggested to the parents of one of my patients, *after* the operation, by a homœopathic practitioner; and the subject was even thought worthy of occupying the greater portion of a recent sitting (October, 1886) of the Clinical Society of London. It is not necessary to confute this remnant of tradition with serious argument, but it is interesting to allude to the fact that Chassaignac pointed out that while hypertrophy of the tonsils tends to arrest sexual development, their removal favors it.—*Lennox Browne on Diseases of the Throat*.

SUDDEN DEATH AFTER A BLOW ON THE TESTICLE.—Ivanhoff (*Bulgarische Med. Spir.*) records the following case: A middle-aged man was engaged in an altercation with a woman in the street when she struck him a violent blow on the scrotum. He sank at once unconscious and died in a few minutes, before the surgeon could arrive. At the autopsy nothing abnormal except slight hyperæmia of the brain was found to account for the death. Ivanhoff considered death to have resulted from syncope due to the excessive pain caused by the blow on the testicle.

The N. Y. Tribune.—Almost any physician, we venture to assert, will confirm the statement that there is no bill which is so long neglected, or so often left unpaid altogether, as the doctor's bill; and this is as true of those who find it easy to pay as of those who find it hard. The grocer and butcher are settled with among the first, of necessity. The lawyer takes his toll, like the miller, out of the grist before it passes out of his hands. Even the tailor often gets his money before the

doctor, for the man who wants to be presentable must keep up at least a reasonable rotation of new clothes, whereas there is no telling from a man's external appearance, as from the condition of his health, whether he has squared up accounts with his physician or not.

There seems to be an unformulated theory that doctors, and their wives and children, can live on air, as the chameleon was once supposed to do. A certain class of people feel apparently that the philanthropic nature of the profession requires a doctor to be ready at all times to give his time and skill with only the faintest hope of reward, if any at all, not troubling themselves to reflect that he can hardly settle his own debts so easily. The result is that no class of workers, excepting the clergy, give so large a proportion of their labor for nothing. This is so, partly because many physicians are constantly doing good deeds of which the world hears nothing, not only tending the poor without charge, but even buying them medicine and food. There is no nobler record of unselfishness in our modern life than that of the medical profession. But it is also true in part because they are continually imposed upon. The result of all this is that it is a common thing, as every one knows, for a physician, who has held a leading place in the profession, and has been popularly supposed to be in receipt of a splendid income, and to be solidly rich as well, to die poor, as the world finds to its great surprise.

One of the remedies often proposed for this state of things is that the doctor should get his fee at every visit, as in England, or as specialists do from office patients here. There can be no doubt that the adoption of such a system would save the doctors a good many bad debts, but they might not find it an agreeable method of collection. The social position of the ordinary medical practitioner is not so good in England as here, and this fact may have something to do with his willingness to collect his money as he goes along. The American is likely to prefer the present system, with all its faults, for a certain reserve and delicacy he finds in it.

YELLOW FEVER.—No subject is just now attracting more attention in medical circles than the fever epidemic at Jacksonville, Florida, and we give place to the following from the *New York World* of Sept. 26 :

Since the 15th of this month Inventor Edison, who is unremittingly engaged in making experiments, has been devoting his attention to the microbe and an efficacious method of its extermination. The result of these experiments has led him to think that he has discovered a remedy for the extermination or effectual check of the yellow fever. The experiments were made with well-known substances whose cheapness is the chief claim in recommending them for disinfectants on a wholesale scale. They are gasoline, whose commercial price is about one cent a pound, rhigolene, which can be bought for sixteen cents, and a 10 per cent. solution of caustic soda, made from 48 per cent. of the crude material. The cost of the solution is about one-fourth of a cent per pound.

"I can not understand," said Mr. Edison, "how, in the face of the progress of modern science, nothing has been done to check the fever. Occasions like this are always productive of some discovery, and furnish a limitless field for experiment. But the people, as in preceding instances, take the fever and sicken and die. It is as yet unchecked, and

instead of decreasing, is rapidly spreading. My experiments have been purely sentimental, and from the results obtained I feel confident that I have at last found a means of stamping out the fever germs. From my observation I am convinced that the fever germs must be either of two things—animal organization or fungus growth. It is not due to gases, or the whole of a district would be affected at once. I believe that the fever microbe is parasitic, as it travels slowly along the ground and is known to have been stopped in some cases by street-paving.

"In 1878 I experimented to find some chemical to kill the Colorado beetle, and at last found that gasoline was immediately destructive to animal and vegetable matter. It is effective and evaporates in ten minutes, leaving nothing, so that all danger of combustion is soon passed. One-sixteenth of an inch of it goes fifteen inches below the ground and kills everything. Rhigolene is a little dearer, but could prove valuable for quarantining purposes. Cold is an accepted exterminator of the germ, and both gasoline and rhigolene lower the temperature sufficiently to prove of value in treating the fever. I took an old woolen coat, tied up one of the sleeves to hold the thermometer, and then drenched it with gasoline. The temperature when the thermometer was first introduced in the sleeve was eighty-two degrees Fahrenheit, but it gradually fell to seventy-five degrees. After thirty minutes it fell to fifty-two degrees. The same experiment was tried with rhigolene, and after fifteen minutes the temperature fell to twenty-three degrees and the coat was covered with hoar frost, so that had it contained any microbes they would have been thoroughly exterminated.

"Gasoline has the peculiar property, also, of displacing the water in all organic matter, causing it to perish. But as gasoline is not easily absorbed by wet ground, and would probably fail in a measure to do its work, I have discovered that caustic soda will answer the purpose in these instances. Microbes, being organic, must contain fatty acid, and caustic soda will saponify anything containing fatty acid. So in the wet places I would liberally sprinkle caustic soda, which could be done at a very small cost with the aid of a street-sprinkler. The houses and dry places could be protected with gasoline. With \$5000 I could cover Decatur with gasoline and caustic soda one-eighth of an inch in thickness.

"Our experiments with microbes have been encouragingly successful, and not having any of the yellow fever germs to work upon, we can only draw our conclusions by analogy. These things that I have experimented with are simple. So much the better; they can easily be procured, and it would cost but little to try them in the infected districts. When an isolated case occurs the house should be cordoned so that no communication can be made to the outside until the quarantining measures are taken. Then the house should be thoroughly saturated with gasoline and the wet places, if any, sprinkled with caustic soda. This would be in the way of an experiment, but it is one well worth trying, and one which I think would result in finding at last a remedy to check the ghastly march of the dread disease."

—*The Medical Record* repeats with some elaboration the following story, the moral of which doubtless is that the lot of a medical man in the domain spoken of is not a happy one.

The Ameer of Afghanistan suffered not long ago from a boil on his

neck, and sought relief at the hands of his court physician. The latter ordered some sort of salve to bring the boil to a head. Unfortunately the application caused the august patient considerable pain, and after a night of torture he sent for his physician and had him decapitated.

This reminds us of another of the ancient notables who was in that happy condition financially and otherwise that he could do just as he pleased without regard for the consequences. On one occasion he went into a barber shop, and as he adjusted his regal robes about him in the horse-hair covered perch, he remarked in tones of thunder, that he was thus and so, that he wanted a quick shave and an easy shave.

"But," added he significantly, as he hung his tinsel crown on the chandelier, "if you cut me ever so little I will instantly behead you with this trusty blade." Then he settled down to reading the last *Police Gazette*, while the barber went on shaving.

"Now, my gentle friend," said his majesty at the conclusion, as he handed "brush" a nickel for dusting his toga, "I have not failed to remark the ease and coolness with which you performed your task. Tell me, did it not affright you to think that your life depended on your skill?" "Aye, in good sooth, your majesty," responded he of the razor as he bowed low, "I knew you to be a monarch of your word, and that my life was forfeit, but," and here he stepped back out of range, "I fully determined if I had scratched your hide ever so little to have finished the job with a master stroke." And the king went on his way rejoicing.

—If you give the hyoscyamus patient a drink of water he will relish it; it goes down smoothly; but place your ear to the stomach and you will hear the gurgling sound commence and gurgle all around through the small intestines.

—HEROIC TREATMENT OF OPIUM POISONING.—In a recent case, in which the patient was deeply narcotized by a large quantity of morphine (supposed to be about ten grains), where atropia had been administered and Sylvester's method of artificial respiration employed without success, the trachea was opened, a tampon-canula fastened in it by a thread passed around the trachea, and artificial respiration kept up by means of bellows. Though the patient was in a desperate condition at the time of operation, respiration having been reduced to one minute, he rapidly and completely recovered. In reading the original report of the case, it becomes apparent that artificial respiration by the ordinary process was abandoned too soon.

An exchange informs us that Dr. Länger, primärarzt of Vienna Hospital, after taking a large dose of morphia, during an attack of melancholia, was saved by similar treatment.—*So. Cal. Practitioner*.

—Dr. Jones (*Med. Review*) advises belladonna for sterility. Women with good health and who are nevertheless barren, have, he says, on several occasions become pregnant after a few weeks' use of belladonna. It is presumed that these ladies are married and have husbands. Some unmarried ladies use belladonna to enlarge the pupil, thinking it improves their looks. A word of warning may not be out of place.

—FOR CRAMPS IN THE LEGS.—Dr. R. W. St. Clair, of Brooklyn, affirms that cramps in the legs may be immediately relieved by tying a cord around the cramped part and pressing on it energetically. This

will temporarily save many sufferers from acute misery. The permanent cure is found in galvanism—six or eight cells of the battery, with the negative pole over the affected part, and the positive over the thigh, applied for ten minutes weekly for about a month.—*Medical Age*.

—When the head begins to render the perineum tense, during each pain I place the thumb of my right hand on the outer side, and near the upper extremity of the labia majora of the right side, the fingers of same hand I place in corresponding position on the left labia, and during the pain I rub downwards and backwards the two labia, and in this way borrow from the labia and lend to the perineum, or rather to the posterior commissure. As I near the perineum I press quite firmly so as to support also the posterior vaginal wall, and thereby keep the posterior and anterior vaginal walls occupying their normal relations the one to the other, as I believe in many cases of perineal rupture the posterior vaginal wall favors the accident by being prolapsed, a fold of it being brought down by the face, possibly the nose, just as the anterior uterine lip is pressed down by the occiput in many cases. If the two vaginal walls are kept thus occupying their normal relations the circumferential distension of the vagina and vulva will reach its maximum, and as those walls lengthen this distension circumferentially diminishes and thereby a laceration prevented.—B. C. THOMPSON, M.D., in the *Tex. Cour. Rec.*

DISLOCATION OF THE RADIUS AND ULNA INWARDS.—An example of this comparatively rare accident seems worthy of being recorded on account of the clearness of the signs and symptoms, and more particularly of the method of its production.

A young man, in driving a trap too sharply round a corner, capsized it, and was thrown out of it on the convex side of the curve. He alighted on the olecranon of the left side. The forearm being thus arrested by contact with the ground, while the rest of his body, including the left humerus, was still in projectile force, the humerus was carried beyond the forearm bones toward the outer side, leaving the latter bones dislocated inward. As usual, the dislocation was incomplete. The following signs were noted: The forearm was in a state midway between pronation and supination, and flexed at the elbow to an angle of 135° . There was marked bending of the forearm to the ulnar side, giving to the outer border a strongly convex outline, an appearance largely due to the prominence of the external condyle. This process, with the greater part of the capitellum, was easily felt from the surface, and so extensive was the laceration of the ligaments on the outer aspect of the joint, that the head of the radius could be separated from contact with the smooth ridge between the trochlea and capitellum to the extent of half an inch by forced ulnar flexion. The head of the radius had an inclination to displacement forward, and the freedom of its movements was such as to suggest considerable yielding of the orbicular, as well as the external lateral, ligament. The greater sigmoid cavity of the ulna articulated with the under aspect of the internal condyle, which process was buried deeply. Very severe pain was complained of at this spot, intensified by pressure and movement, evidently due to the ulnar nerve being pressed. The olecranon, though prominent behind, was not raised above the inter-condylar line. There was no fracture of

any of the bones, and passive movements were not so restricted as in some other elbow dislocations.

Reduction was easily effected by the usual method of placing the knee against the upper part of the forearm, and first extending, then flexing the joint, at the same time that the forearm was lifted outward. When splinted it was thought desirable to place a pad on the front of the head of the radius to overcome the slight tendency to displacement forward of this bone.—*Brit. Med. Journ.*

REMOVAL OF A HAIRPIN FROM THE PERITONEUM.—DR. FREUND, of Strasburg, describes in the *Centralblatt für Gynäkologie*, a case where a hairpin was found in the peritoneal cavity in the course of an exploratory operation for suspected disease of the uterine appendages. The patient was a sickly and emaciated woman, aged 41, who had symptoms of tertiary syphilis. Her period had been regular till about four months before she first applied for hospital relief; then it did not appear for two months; at the end of that period metrorrhagia set in, with the discharge of small shreds, and spasmodic pains in the sacral region and the hypogastrium. The discharge of blood continued for five weeks, then epileptiform fits occurred. The uterus was found anteverted, and a small oval tumor lay to its left side, connected by a tough cord with the pelvic wall. Tubal pregnancy was suspected. On March 2, 1887, an exploratory incision was made; the adhesions, which bled freely, had to be broken down, and a cyst of the left tube, "the size of an apple," was removed. It was universally adherent to surrounding structures; and, in securing some bleeding vessels to the great omentum, a piece of hairpin, an inch long, and consisting of part of the two shanks pressed close together just below their point of union, was discovered and extracted. A drainage-tube was left for twenty hours in the wound. The patient did well for a fortnight, then the stump of the tubal pedicle suppurated, and the pus which escaped contained ligature-threads. The first period after operation was attended with attacks of convulsions, which lasted eight days; but the second was only represented by the molimen without show, and by slight convulsive attacks. Ten days later a hard substance was detected, on vaginal examination, to the left of the cervix. The woman was in good health when last seen by Dr. Freund; but there were slight convulsions at every menstrual period. Should a portion of the hairpin yet remain in the pelvis, the persistence of the neurosis is readily comprehensible; should the hard body be simply an inflammatory deposit, the persistence of the symptoms would be a feature already observed in other cases, where self-evident causes of nerve irritation have been removed, the neurotic condition remaining for a long time after their removal. It appears that in this case the shanks of the hairpin had been pressed together, and introduced into the uterus for the destruction of the imaginary fœtus, amenorrhœa having followed cohabitation. The pin had broken, found its way into the left tube, set up salpingitis, perforated the tube, and reached the omentum. Dr. Freund shows, on carefully considered evidence, that the prevalent theory that hairpins are introduced into the genito-urinary tract, either in the belief that the practice may produce abortion, or for another repulsive purpose, is perfectly correct.

A NEW METHOD OF TREATING POTT'S FRACTURE.—DR. E. W. Roughton has adopted a modification of Cline's method. The splint

used is an outside splint with a foot-piece padded thickest where the foot-piece joins the other portion of the splint. Three bandages are fastened by means of safety-pins, one at the ankle passing from the instep of the splint below the ankle and turning round the heel; the second placed just above the ankle, and likewise being turned towards the heel; while the third is placed just below the knee, and turned in the opposite direction over the calf of the leg. The injured limb having the knee flexed is then laid upon the splint so that the outer edge of the foot is well supported by thick padding, and then fixed by the bandages, one being first applied above the other. The upper bandage passes backwards between the limb and the splint, then turns forward around the back of the limb and makes traction forwards, and it is then fixed by a pin, the other bandages being tightened at the same time. The middle bandage passes forward from the back of the splint between the splint and the limb, and then turns over the front of the leg and pulls backwards. The lower bandage is the most important one, and passes from before backwards between the splint and the limb, turns over the point of the heel and pulls forwards and downwards. The two lower bandages are wrapped once around the limb and splint and then fastened with safety-pins. Usually, in forty-eight hours the heel bandage will require to be tightened, owing to relaxation of muscular spasm. When bruising has subsided and a sufficient amount of union taken place, this apparatus is removed and the limb put up in a silicate bandage, taking care to keep the foot well adverted and at right angles to the leg. Dr. Roughton states that he has found this method of treating Pott's fracture very simple and efficient, the foot and ankle eventually being as useful and shapely as before the accident. The great advantage of the whole bandage is that it exerts a uniform and elastic pressure in the direction required, and never produces that unfortunate result—a sore heel.—*Therapeutic Gazette*.

GLOBULES.

—Dr. O. P. Baer died Friday, August 10, at 10:30 P.M., from tuberculosis, at his home in Richmond, Ind., having exceeded the Scriptural three-score and ten by two years. Vale, friend!

—A man might as well build a fire in his wagon, because coal makes an engine go, as hope to stimulate his brain by eating fish for the sake of its phosphorus. It isn't phosphorus that we need, but brains to burn it.

—The peculiar symptom in this case was that she paid her bill and sent a number of her friends to me for treatment. In our part of the country the ministers expect us to do their work for thanks and help pay their salaries besides.—*Flora A. Waddell, M.D.*

—LACTATED FOOD WITH CREAM.—Lactated Food may be prepared with cream as follows: Take three teaspoonfuls of Lactated Food, wet up into a thin paste with cold water. To this add one-fourth pint of hot water; boil five minutes, then add one-fourth pint each of milk and cream. To this may be added any flavor the taste of the patient may desire, or any stimulants that the physician may direct.

—The June number of the *Homœopathic World* has begun the publication of a series of articles by Mr. Hurndall entitled "The Application of the Hahnemannian Law to Veterinary Practice."

—EARLY APPEARANCE OF MENOPAUSE.—Dr. I. K. Frazer communicates to the *Texas Courier of Med.*, the notes of a case in which the menopause was apparently established at the early age of nineteen years. He was unable to assign a cause for this result, as the general health seems perfect.

—Pneumonia has frequently been observed to follow the administration of ether for surgical operations; so much so indeed, as to warrant caution in its use in the case of patients already suffering from bronchitic troubles. Chloroform would probably be here preferable, if not otherwise contra-indicated.

—Mrs. C. D. Newell's (Chicago) antiseptic pads for lying-in and surgical purposes, as well as a simple toilet pad, for use of children, and during the menstrual molimen, commend themselves at a glance. The expense is so trifling, and the convenience so great, that we feel no hesitancy in recommending their use.

—BOILED CELERY AS A DIET FOR RHEUMATIC PATIENTS.—Cut the celery into inch dice; boil in water until soft. None of the water must be put away unless the invalid drinks it. Take new milk, slightly thicken with flour, and flavor with nutmeg. Warm with the celery in the saucepan. Serve with diamonds of toasted bread, and eat with potatoes.—*Hom. World*.

—EPILEPTIC CONVULSIONS.—What would you do if you were suddenly called to a patient lying in an epileptic fit? Loosen all tight clothing; place him in such a position that he cannot hurt himself; put something between the teeth, to prevent the tongue from being bitten; then give him a few whiffs of nitrite of amyl, or failing that, of ether or of chloroform. (Atkinson.)

—Dr. Arthur V. Meigs, of Philadelphia, physician to the Pennsylvania Hospital and to the Children's Hospital, author of "Milk Analysis and Infant Feeding," says in a paper on "Dietetic Management of the Summer Diarrhœa of Infants," published in the *Philadelphia Medical News*, July 7, 1888: "Of all the baby foods that are manufactured, the only one that has given me such results as to encourage me to persevere in its use for any great length of time and to recommend it extensively is Mellin's Food."

—The editor proposes, but the printer disposes. The condition of our September editorial as it appears in print is an apt example, and poor "make up" marks it throughout. It is hardly needful to add that the editor did not see proof. We indicate the more glaring shortcomings, and will be pleased to have our readers make the corrections.—F. K.

ERRATA.—On page 298, in 10th line from top, read "though" instead of "through."

On same page, 15th line, read "delving" for "delivering."

On page 303, 27th line from top, read "*simile*" for "*simple*."

On same page, indicate the close of the editorial with the line "of Hahnemann."

—"The Temples of Egypt," by Edward L. Wilson, with illustrations from drawings by J. D. Woodward, S. L. Smith, and E. J. Meeker, and from photographs taken by the author, is one of the most readable articles in the current number of *Scribner's Magazine*, and is alone worth more than the very moderate cost of this publication.

—I believe . . . that homœopathy is based upon an immutable law—the law of nature—which if followed to the letter in our practice, as taught by Hahnemann, will unfold to us the secret of curing all curable ailments by the surest and most natural method. I like this system, because it has for its basis nature and nature's laws. It is the only sensible and rational plan known to man. A. B. KNOTT, M.D.

—Dr. Simmons of New York has brought suit against the estate of Samuel J. Tilden for eight years professional services amounting to \$143,000. The *N. Y. Tribune*, from whom we quote, comments that, although the bill may seem exorbitant, possibly the doctor wanted to provide against the shrinkage to which the courts and the legal profession generally are in the habit of subjecting *other* people's bills.

—Just after the close of the war, while located in Kansas, I was called by a brother practitioner to see a multipara delivered the day before, who had several post-partum convulsions. She was rather a full-blooded woman and we agreed to bleed her, which was done freely. After the bleeding the fits recurred just about as often. She died in one of them some twelve hours from the time I first saw her.—*W. J. Burge, M.D., in Med. Standard.—Mirabile dictu!*

—SHE WILL WAIT ANOTHER TIME.—Mrs. Larimer, of Youngstown, annoyed at being delayed by a freight train, attempted to climb over the cars. A heavy gold ring caught on an iron pin in the car, pulling her index finger off and tearing the tendons of the arm out to above the elbow until they cracked like a whip-cord. Though suffering terribly, Mrs. Larimer placed the ring on another finger, and walking to the office of a surgeon had the injured member amputated.—*Toledo Com.*

—The matter of advertisements in connection with the *Advance* or in connection with the *Homœopathic Physician*, or any other journal, is simply a matter of business between the publishers of those journals and those who furnish him with the advertisements. It is not a matter with which we have any concern whatever. Any member who is squeamish in regard to these advertisements may let them alone, and I think he is safe. I don't see that he is hurt by them. They never hurt me: I don't read them. P. P. WELLS, M.D.

—The recent death of Chief Justice Waite has led to the usual medical scandal. A female homœopathist was in charge. Dr. Ruth, without insisting on her discharge, permitted himself to be persuaded into offering suggestions, which were followed by the family. His conduct in the matter was undignified, to say the least. He should have insisted on Dr. Winslow's discharge before prescribing at all, or else have refused to prescribe or suggest remedies to be used without her knowledge.—*Med. Standard.*

Might this be called odium medicum? So the Chief Justice was a heretic in matters medical, was he?

--Scientific prescribing has been the tomb of many a promising homœopath.

—Lemon-juice for nose-bleeding is warmly recommended by Geneuil in the *W'r. Med. Bl.* The nostrils are cleansed with cold water, and immediately a small syringeful of lemon-juice injected. The injection may be repeated.

—The experiment has been tried in India during last year, of vaccinating from a young buffalo instead of from a calf, and the results are said by an Indian contemporary to have been "in every way satisfactory."

—A case of colic in a printer from handling type is interesting; severe pain making him lie on the floor and howl; was not helped by nux vomica, the confined state of the bowels suggesting it; but opium 6 at once helped.—*Dr. Ussher in Hom. World.*

—"The object of this paper, and of subsequent ones to follow," saith one of our foreign contemporaries. "Do the hon'ble gen'l'mn mean previously before or previously after? Dat am the queschen," said the orator of the Darktown Lyceum.

—THEY GIVE BODY TO THE WATER.—After all, bacteria properly diluted with water is not a bad tippie; they give all the flavor to the beverage, as one will find by killing them all by boiling the water and discovering that water entirely lacking life and flavor, that a certain amount of bacteria is pleasant to the taste.—*Toledo Blade.*

—Consumptives are accustomed to remain seated for many hours, with the object of hindering the escape of liquids from cavities through the corresponding bronchia, which provokes cough and simulates in this way a true orthopnea: but a little attention is sufficient to realize that it is a false orthopnea.

—An Indian woman in the town of Patzcuaro, Mexico, recently gave birth to a child with two heads, four arms, and four legs, but which was otherwise perfectly normal. The monstrosity died a few hours after birth, and has been placed on exhibition, preserved in alcohol, in the leading drug-store of the place.

—Another patient, an unmarried woman, aged 42, a clergyman's servant, came on account of "her having apparently something (*quelque chose*) in the bladder." After the *quelque chose* (in the shape of a hair-pin) had been extracted on the spot, the patient, on leaving Dr. Reverdin's house, advised his maidservant "never to go to bed without having previously removed all pins from your hair, otherwise some *triste accident* may so easily happen."—*Brit. Med. Jour.*

—Among the exhibits at the American Institute of Homœopathy at Niagara probably the one that attracted more than ordinary attention was that of *Malted Milk*, an improved food for infants, invalids and travelers. This *food* requires no cooking and is perfectly free from starch and cane sugar; it is only to be dissolved in water, and is always ready for immediate use. Malted Milk is used very extensively as the food in typhoid fever, consumption, cancer of the stomach, vomiting in pregnancy, and for infants deprived of the mother milk. Sample to physicians on application.

—The *St. Nicholas* continues in its appointed way, instructing with song and prose and picture the youth of the land. In the matter of instruction from its well-laden argosy it would be difficult to say where the youth line should be placed, for the “children of a larger growth” seem as deeply interested in its articles as the little ones.

—The *Century's* Siberian papers are becoming truly interesting. For a time the geographical narrative with its unpronounceable names was rather dull; but that groundwork securely laid, the superstructure of romance and fact delicately intertwined is growing more and more absorbing. And so it seems that Mr. Kennon is an Ohio boy and started in life as a “plug” (telegraph) operator. Virginia as the Mother of Presidents must give way to Ohio the Mother of Famous Men. The White Cowl is a master-bit of fiction growing out of the Trappist Monk article of a preceding month.

—I have, like many others, recognized the paucity of our language in certain directions. We say our cow calved last night, our mare will foal soon, etc., but we have no similar verb to express the like physiological act in the genus homo. The patient was a primiparous school-ma'am who was attacked with convulsions before her child was born, became at once unconscious, remaining in that condition for some time thereafter. She awoke to perfect consciousness quite suddenly; and the first sound she noticed was the cry of her infant; she looked up with a startled air and asked: “What is that?” On being told, in an indescribably naïve manner, she replied: “I didn't know I had babied.”—*Arthur Young, M.D., in Med. Standard.*

—DIAGNOSIS OF SPINAL INJURIES.—Immediately fatal injury of the *upper* cervical spine is generally due to lesion of the cord above the origin of the phrenic nerve, or to crushing of the medulla oblongata by the odontoid process. Injury of the *lower* cervical spine is characterized by paralysis of the arms and intercostal muscles, with rhythmical movements of the abdominal muscles. Paralysis of the abdominal muscles and lower limbs, with retention of urine and loss of control over the sphincter ani, indicates injury of the dorsal spine. When the legs are paralyzed, both as to motion and sensibility, with loss of reflex contractility, yet retention of power over bladder and sphincter, the lumbar spinal cord is the seat of injury. Pain in the rectum, especially during defecation, following a blow or a fall in the sitting posture, denotes a fracture or dislocation of the coccyx.

—We are pained to announce the death of Dr. William Von Gottschalk, which occurred during the month at Providence. Dr. Von Gottschalk was 68 years old, of noble parentage, born in Leipsic, Germany, near which point his father owned a considerable estate. Dr. Von Gottschalk's life was an eventful one, full of romance and reality; a steady and trusty friend of the people, he was a participant in the German Revolution of 1848, and compelled to flee. In Paris he was, again, a party to the revolution there in 1851. In 1854 he came to Providence, where he has since resided, an upright, faithful member of the profession, and a staunch supporter of all homœopathic interests. He was member of the American Institute, and bureau chairman for many years. The profession can ill spare men of such stalwart proportions. Our condolence to his family.

We desire to return our thanks for the use of a No. 2 Caligraph furnished for our use at Niagara Falls during the recent Institute session. The machine sent us by the American Writing Machine Company through its agents, Messrs. Peter & Paul, at Buffalo, was of the most improved pattern, did good and rapid work, making as many as five carbon copies at each stroke with as much ease as the single copy. The machine in a handsome case now costs \$86.

OH-DON'T-OLGY.

DON'T say Cimi-few-ga : say cumi-siff-gi.

DON'T hyphenate your name as soon as you are graduated.

DON'T say *Ab'domen*: make it *ab-dough-men* and be letter perfect.

DON'T discontinue the *Medical Era* because another "doctor talks" elsewhere.

DON'T print it *sup presseder uption* when you mean suppressed eruption, Bre'r Fisher.

DON'T issue *lettres de cachet* against an M.D. simply because his former partner says so.

DON'T have so many "collaborators," Bro. Editors ; it takes too many free copies to go around.

DON'T use a "general " hair brush any more than you would a tooth brush. It is unclean and dangerous.

DON'T neglect your library. Remember Hahnemann's rules for estimating the value of a true physician.

DON'T *talk* potencies; give whatever you like or have confidence in, but let the potency be your secret.

DON'T lay aside your journals unread. They are the vehicles for conveying the most recent advancements in our Art.

DON'T give the northern climate too black an eye, when Galveston Bay contained ice and the oranges in Florida were blighted.

DON'T fail to compare the presidential address of the A. I. H. and I. H. A., and see for yourself where the intolerance comes in.

DON'T disclose the name of remedies given. An excellent practitioner lost an entire community because he gave "arsenic" to a fever case, and told of it.

DON'T spend your time at the "store " or saloon. It may make you a "good fellow " with the loafers, but your patients will lose confidence in you, as they should.

DON'T be malicious. If bills are unpaid, and new calls are made for services, say you do not wish their further custom; this may bring your money, reproaches never will.

DON'T misquote Carroll Dunham : he never intended to substitute Old School medicines, treatment, methods and operations for homœopathic materia medica and therapeutics.

THE AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

“WE point with pride,” to use a hackneyed newspaper phrase, to the concluding statement of the report of the recently held semi-annual meeting of the New York State Homœopathic Medical Society, which we excerpt from the *Physicians and Surgeons' Investigator*:

“That bone of contention,” the potency question, did not make its appearance until just before adjournment. It was very soon seen that the society was not in temper to have its serenity broken in upon; and the President in a stinging little speech declared that so long as he was at the head of the society there should be the utmost liberty of thought and speech both for high and low. A practically unanimous vote buried the matter—until it comes up again, which it is safe to say will not be in the present administration.

That has the ring of the genuine lover of Homœopathy. Neither idolaters of the high nor debasers of the low potencies; simply the utmost liberty of thought and speech for both. No petty squabbles in the New York State *Homœopathic* Medical Society while a Helmuth wields the gavel. Homœopathy has grander, nobler work to do, than the prescribing of rules and regulations for the measurement and governance of the homœopathic medical conscience. To claim not only that the tincture practice is the best, but that the lac swaninum practitioner is a fraud and shall not be permitted to fellowship with us, notwithstanding his constantly increasing numbers and success, smacks decidedly of that fanaticism with which the high potency adherents have been so continuously charged. President Helmuth is right. If his spirit of fair-mindedness could be generally diffused throughout our various societies, the potency question would speedily cease to be a “bone of contention.” Other societies please copy.

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INSTEAD of compelling our homœopathic brother to put his medical conscience in our Procrustean bed, and lengthen it out, or lop it off, in consonance with our ideas of homœopathy, let us extend to him the point of charity and by our *works*—mark that, not by our fine-spun theories—convince him beyond cavil that ours *is* the best practice: then there will be no “bone of contention”; it will simply resolve itself into a spirit of noble emulation as to who can best *work*, and best agree. That oft-quoted speech of eighteen years ago by Dunham meant liberty; but it meant liberty and not license; Helmuth interpreted it correctly, and as every fair-minded homœopathy-loving man or woman must construe it: “the utmost liberty of thought and speech both for high and low.” Again: instead of engaging in internecine strife why not husband our resources, and direct what surplus energy we may have over and above that needed for successful practice to the breaking down of the Chinese wall which the Old School has built and

is strenuously engaged in keeping in good repair about the citadel of governmental and state recognition? Is not this a better vent for our explosive humor than fighting windmills which may unhorse us as they did Cervantes' hero?

* * *

THE value or non-value of high potencies forms no part of our argument; though, for that matter, it might not be an easy task to say why the 30th is *au fait* and homœopathic, and the 31st *outré* and quackery. He who has carefully studied and, possibly, potentized a few remedies, and tried them upon himself as recommended by Conrad Wesselhoeft, will have small room for criticism for any potency higher than his own, whether it be the next in numerical order or the twenty-quintillionth. Logically and scientifically the line of demarcation between one remove from the tincture and a millionth is not practicable. But that has naught soever to do with the question. The question is this: Does Dr. Homœopath cure his patients? That is the only question with which the public is concerned. If, like the Divine One, he can take loam from the roadway and by mingling his saliva therewith render it potent to remove hereditary blindness, is there any one, save a hair-splitting, theoretical, lamp-blinded controversialist, who will raise any doubt of the efficacy of the means employed to a cure?

§ 1. The physician's highest and *only* calling is to restore health to the sick, which is called Healing.

§ 2. The highest aim of healing is the speedy, gentle, and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable, and safest manner, according to clearly intelligible reasons.

* * *

TIUS saith the *Organon*; and on this hang all the law and prophets. There is no dispute as to the first paragraph; but what shall constitute "the shortest most reliable, and safest manner" of applying a cure is a question as widely open as Symmes' Hole was said to be, and as incapable of measurement as the waves which break upon the beach. Why then waste time and energy in the futile effort? Take but a peep into an Old School journal of to-day and observe the different ways suggested of giving their remedies. It is absolutely within the bounds of truth to aver that no three consulting Old School physicians prescribe the same dose or in the same power. But do they, therefore, go out of their several ways to denounce the others of their brethren who differ from them in this essential? *Die Milde Macht ist gross*; yet a cursory reading of some of our homœopathic literature would give any one, not versed in the little legerdemain the idea that there existed the bitterest of strife between the extremes, when the plain fact is that both parties meet at the same bedside frequently, discuss the case homœopathically, and for the time being, in the presence of a present danger, the high gives way to the tincture, and the low defers to the millionths. In that solemn hour, when a human life hangs by a thread and the shears of Fate are snipping viciously at the vital filament, no time is lost in dispute over the potency; it is simply "Give your remedy, Doctor; mine has ceased to act."

* * *

NOW, in the South our brethren have recently had another species of diversion, in place of the Eastern potency question. Where Homœopathy is firmly grounded its practitioners seemingly employ their

leisure in finding flaws among themselves. In other localities, notably the South, where Eternal Vigilance is the price of Homœopathy, so little time remains after fighting the Old School that the practitioners usually are glad to take that opportunity to cure their patients, or in helping each other and find no time to dismember each other. The diversion already referred to consisted in a bitter attack by *The Southern Journal of Homœopathy* on our well-known, long-tried homœopathic physicians—the Drs. Dake of Nashville. The *Journal* makes a personal attack on these gentlemen, charging them with bad faith as to the Southern Homœopathic Medical Association, alleging that the motives which controlled were unworthy ones and deserving of the contumely of all right-minded homœopaths. Fortunately, this medal too has an obverse, which, to the unbiassed critic, presents as fair an intaglio as the side shown by our esteemed contemporary. A few words, therefore, poured upon this troubled sea, may serve to make darkness light and crooked things straight, and prepare the way for an ultimate amicable adjustment of what, we feel sure, is only a misunderstanding.

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THE Drs. Dake, it now appears from an impartial investigation, reasoned that in view of the small attendance at the New Orleans meetings, owing chiefly to the scattered condition of the homœopathic physicians of the South, and more especially because of the few present last year and the little interest manifested in keeping up the Association, (notwithstanding the effort of the *Southern Journal* to make the meeting appear otherwise)—in view of these and other though minor considerations, it occurred to Dr. Walter Dake, the first vice-president, that there would be so slim a gathering at Nashville as to prove more of an injury than a benefit to the cause, especially in his own community. Thus reasoning he wrote the president suggesting the advisability of a change to Louisville, where there is a larger number of our school physicians within reach—this suggestion predicated upon no hostility to the Association, and especially not inimical to Homœopathy. It further appears now that the president, in lieu of conferring with the other officers on the subject, and discussing the advisability of such change, wrote at once to the editor of the *Southern Journal of Homœopathy*, who unfortunately putting the worst possible construction on the letter of Dr. Dake, quite naturally precipitated the offensive editorials already published. Had the president and his associate officers, after calmly reviewing and deliberating upon the reasons assigned by the Drs. Dake, notified these gentlemen that they differed with them, and still believed Nashville the best suited for the meeting, we have every reason to believe that Dr. Dake and his sons would gladly have acquiesced, and, as the only resident members, have sought to make the meeting creditable.

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THERE it is in a nutshell. Plainly, a case of misunderstanding. The editor, zealous for the association's success, failed, on the possibly unfair presentation of the case to him, to weigh the considerations advanced by the Drs. Dake, and without calmer reflection, smarting under what he conceived to be an insult to the association, set his pen to words which impute uncharitableness, yea even treachery to Homœopathy in one altogether incapable of such perfidy.

Who that has known Jabez P. Dake, or has read after him in Homœopathy for these many, many years, could deem him guilty of the baseness charged? His name is a household word wherever Homœopathy is known; indefatigable in his efforts for the upbuilding of our school; unsparing in his attacks on Old School practice, he is no more capable of "knifing" the Southern Homœopathic Medical Association than he could be untrue to the best interests of the American Institute of Homœopathy. Bro. Fisher can see as clearly as any one not willfully blind, that our cause in the South will prove a veritable Lost Cause if there be not a subordinating of personal feeling to the good of the school. The Southern Hom. Med. Association is not strong enough to antagonize the Drs. Dake, and if it were, would be guilty of an ungenerous requital of their many services in behalf of Southern Homœopathy.

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* *

AS a lover of fair play, and in the interests of the completest union and harmony in our school, we sincerely deplore the existing state of affairs, and hope the near future may bring with it so great a measure of forgetfulness of this misunderstanding, that the now apparently discordant elements may re-unite and become stronger than ever before.

SPECTACLES.*

Charles Deady M.D.

Surgeon to the New York Ophthalmic Hospital.

TO a large majority of the general public, the fitting of spectacles is an exceedingly simple matter, it being only necessary to look over the stock of some vendor of the article (often a traveling pedler) and select what seems to be about the thing; the whole business being transacted in much the same fashion as would be the case in the purchase of a barrel of flour or a cord of wood. It is unnecessary to inform the intelligent physician that this is all wrong, but few realize, even in the medical profession, what a momentous matter the choice of spectacles may be, under certain conditions. At the present time in our large cities, much of this business is in the hands of reliable opticians, who have a fair knowledge of what is required in ordinary cases, and many of whom are sufficiently conscientious to refer the patient to an oculist when they are in any doubt.

Even under these, the most favorable conditions, the experiment is often ill-advised, as of course no optician takes into consideration possible irritability or spasm of the ciliary muscle, the disturbance of

* Read before the Hom. Med. Soc. State of New York.

equilibrium in the action of the recti muscles, or the not infrequent intra-ocular complications, only to be discovered by an examination with the ophthalmoscope.

If we deprecate the fitting of glasses by the educated optician, who at least understands the optical necessities, what must be thought of the village jeweler and the itinerant "professor," who are in many cases too ignorant to ascertain the number of a glass, except by its label (which is generally wrong), and who sell to a confiding public their "diamond pebble," "opal tinted," "medicated" spectacles at the low price of \$9.00 per pair—cost 34 cents each by the gross.

The injury which may result from the interference of these meddlers becomes, in a certain class of cases, so great as to almost warrant us in charging them with criminal ignorance. Who among oculists has not seen cases of progressive myopia, which have been "fitted" with glasses in this manner until the patient was almost blind?

How many patients with intra-ocular disease are despoiled of precious time by delaying their visit to a competent physician until they have tried the various glasses offered for sale in their neighborhood?

In purchasing glasses hap-hazard the patient becomes his own judge as to the fitness of the selection, and as a matter of fact his judgment is a very poor one to rely upon. The correct rule in prescribing glasses for myopia, or near-sight, is that the *weakest* glass which enables the patient to see distinctly should be given. Now in practice we find that the patient, if left to himself, will almost invariably choose too strong a glass, because he gets a brighter picture with it. Again—unless myopia is high in degree, the patient is usually able to read without any glass, and prefers to do so.

Nevertheless it is often necessary to give such patients not only a glass for distance, but another for reading—not to make reading easier, but to make them hold the book farther off and thus prevent undue convergence.

In hyperopia, or far-sight, the rule is to give the *strongest* glass which, while fulfilling certain conditions, can be worn with comfort. In a large number of cases patients purchase instead the weakest glass they can get along with, on the old but false theory that by delaying the use of glasses as long as possible, and by using the weakest number that will accomplish the work, the preservation of sight is guaranteed for the longest period.

In cases of spasm of the accommodation, we often have apparent myopia with actual hyperopia. No examination, as practised by even the best optician, will reveal this state of affairs, as it can not be de-

tected without a careful examination with the ophthalmoscope unless atropin be used.

If such a patient choose his own glasses, he will naturally select a concave lens, whereas his condition of refraction requires a convex one.

The writer has³ recently treated precisely such a case, in which a hyperopic patient with spasm endured a concave glass of considerable strength for over a year, at the expense of much discomfort.

Where spasm complicates true myopia, the latter is apparently increased, and the patient requires a stronger concave lens to see distinctly than the myopia alone would call for; if he obtain it the difficulty becomes the more obstinate, and the actual myopia often becomes progressive. These are the cases where spectacles are like edged tools, to be handled safely only by educated skill.

In many cases of astigmatism, the refraction in one principal meridian of the eye differing from that in the other, the oculist is usually consulted after a series of unsatisfactory experiments with all kinds of glasses, each of which seemed to be the correct thing for a short time.

The question as to whether spectacles or eye-glasses should be worn is frequently asked by patients. The answer must depend on the character of the case. In many cases the shape of the nose renders it exceedingly difficult to retain the eye-glass in position; often where the physical conformation is all that could desired, the pressure of the spring causes a disagreeable drawing sensation in eyes, which not only causes discomfort, but is in some instances the origin of reflex nervous symptoms. These conditions, however, are so troublesome to the patient that they generally result in a change to spectacles before any harm is done. One principal objection to the eye-glass is the fact that its relation to the eye is not a constant one; it is a common habit to place the eyeglass upon the nose at varying distances from the eyes, and at almost any angle with the face. If the lens be of short focus a considerable difference in its power may result from changes in its position.

If a spherical lens be tilted sufficiently it becomes virtually a cylindrical lens. Astigmatic patients who are not aware of their defect, and who are wearing spherical glasses, sometimes make use of this fact, as they discover by experience that vision is improved by tilting the glasses to a certain angle. It is a common and careless habit among others. In cases of astigmatism where cylindrical lenses, are prescribed, their use in the form of an eyeglass is often unsatisfactory, because of the difference in the inclination of the axes of the cylinders in one position on the nose as compared with another, and also because the axes may in time be permanently changed by the weakening or bending of the spring.

In certain cases, however, we may prefer eyeglasses to spectacles.

Thus in myopia of a high degree, we wish to give our patients glasses for such use only as may be actually necessary, fearing an increase of the near-sight if more be allowed. If we give such a patient spectacles the chances are that he will not take the trouble of removing them. In cases of hyperopia or presbyopia, where glasses are only used for near vision, the eyeglass is often preferable for the same reason, especially among busy men whose occupations require that they should use the eyes for near vision frequently for short periods.

Having decided that spectacles are necessary, there are several points to be carefully attended to, for it is quite possible for a lens of the proper strength to be so adjusted to the face that its use will be very unsatisfactory and even painful.

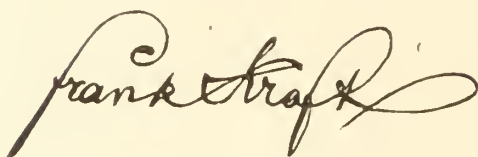
The spectacle frame should not be too light. In the effort to reduce weight the opposite extreme is often reached and the thinnest kind of wire is used. These glasses should be avoided, as they have not sufficient strength to retain the original shape, and are apt to lose their parallel relation to each other, and to deviate from a correct centering. The so-called "skeleton" glass without frame is often injurious, because of the prismatic action of the edge of the lens, producing sometimes a play of colors which is dazzling to weak eyes.

The lenses should be far enough from the face to clear the eyelashes easily, and no more. This is a very important matter in a strong concave glass, less so in convex lenses. If the glasses are intended for reading, they should tilt forward slightly; the plane of the glass in reading should be the same as the plane of the printed page.

The centers of the lenses should correspond with the position of the pupils; if a pair of convex lenses are too far apart the pupil strikes the glass to the inner side of its center, and we get the effect of looking through a pair of prisms with their bases outward, which is to turn the eyes inward to an excessive degree, producing pain and muscular weakness. It is especially necessary that the centers of the lenses should be of equal height, as the power of the superior and inferior recti muscles is very slight as compared with the internal and external, and a deviation in this direction may produce great discomfort, without being very considerable in degree.

Where glasses are intended for near vision their centers should be nearer the median line than for distance, as the eyes naturally converge in looking at near objects. When correct lenses are prescribed and all other requirements are satisfied, the result is usually all that can be desired, while the failure to meet many of these conditions, in glasses manufactured by the gross, is the cause of much visual weakness and suffering.

AN EXPERIENCE WITH IPECAC.



A YOUNG man, attendant at a railway lunch-counter, was taken with a "bilious" attack. When called, found a chill every day, which began promptly at noon; lasted a little over an hour; was succeeded by an intense fever, continuing till supper time, when a slight sweat supervened. During this time extreme anguish and restlessness, aversion to any drink or food, or if either was taken on solicitation it was cold—the colder the better; slept well till midnight, when he awoke and rolled and tossed till three or four in the morning. Found urine turbid, with brick-dust sediment; bowels difficult, although soft; tongue pointed, very red and moist; a little coating towards root. Extreme prostration and weakness; great trembling; liver and spleen enlarged and painful; great pain in right hip and calf. Pain across small of back. Chill begins in back and sometimes in neck; at other times in lumbar region. Lying down aggravates, though sitting up is painful. So weak, can't keep eyes open. Dozing all day long, little cat-naps. Irritable. When in bed, turning or raising cover causes a chill. I have only given the main symptoms, not the complete anamnesis which I took, and which I worked out as I would a problem in Euclid. As the young man had drunk much coffee and tea, eating at all times as the hunger moved him, had led a necessarily sedentary life, also drinking much ice-water, etc., etc., I reasoned that nux would fill the gap. Two days afterward I found his gastric symptoms easier, except that everything tasted bitter; his stool having assumed the hard and dry as if burned complexion, coated tongue, notwithstanding the absence of thirst, I gave bryonia. To repeat the different remedies given, and the different symptoms which called them into requisition, would become tedious and prove needless. Suffice it that I again carefully took down the case; found it dangling in my mind between arsenicum and china, but in order not to give another remedy without carefully weighing the case at my leisure, and in order to verify the statement contained in Allen's Intermittent Fever that ipecac will either cure a case or clear it up so that the proper remedy will be apparent, I gave one dose of ipecac at supper-time and left a second dose of the same for taking on rising the following morning. During that night I spent six hours with repertories and monographs, "digging" out my case, and finally selected china on the evidence, though arsen-

icum would have been my choice had I prescribed on intuition. When I reached my patient next day at noon I was prepared to leave china, but to my amazement found him free of chill or fever, with an appetite for raw oysters and milk ; also some warm lemonade. Felt strong and comfortable, and better than at any time since sick. There was, of course, nothing to do but to leave him a generous supply of sac lac powders, with written directions for their prompt taking. And that youth has not had another dose of medicine since. The marvel to me is, that with china (or arsenicum) so undoubtedly indicated, and with no characteristic of ipecac present, how ipecac, given empirically, could cure. It will not mend matters to accuse one with not taking my case properly. I admit consciously my inferiority to the great masters of the healing art ; but I must insist on this one simple fact that working backwards—that is, proving a problem with the answer known—no ipecac is to be found in the case from beginning to end. Hence my query : Why did ipecac prove curative ?

SYLVANIA, OHIO.

HOMŒOPATHIC THERAPEUTICS IN DENTAL PATHOLOGY.

H. Irving Thayer, Jr.

(Continued from page 346.)

Belladonna is another valuable dental remedy. Aconite is preferable to belladonna in the congestive stage of most cases of pulpitis, pleurisy, and pericarditis, because the engorgement is due to causes acting locally and the lesion is idiopathic.

Belladonna reduces the hyperæsthesia of the nervous system upon which the congestion is consequent. It exercises a calmative influence over the deranged functions of reflex action.

Some of the characteristics of bell. are : dryness of the mouth without thirst ; tongue red, hot and dry ; profuse ptyalism ; grinding of the teeth with moaning, as frequently seen during primary dentition ; glowing redness of the face.

Phytolacca decandra—pokeberry. Small ulcers on the right side of the cheek, like those caused by mercury ; flow of saliva into the mouth ; mouth fills with water ; saliva is yellowish and has a metallic taste similar to mercury ; shooting pains in the molar teeth on the upper and lower jaws of the right side. The right side is a belladonna symptom. Disposition to bite the teeth together ; an irresistible inclination to bite the teeth together. The teeth all ache and they are very sore, and feel elongated. Profuse secretion of saliva ; secretions from

the mouth, throat and salivary glands, tenacious and ropy ; teeth clenched.

Some of the symptoms of *phytolacca* strongly resemble mercury, even to the metallic taste and soreness of the teeth. *Phytolacca* is indicated in inflammation of the buccal cavity and of the gums ; spongy gums. In cases of difficult dentition it will work like magic if the totality of symptoms agree. The following symptoms in its pathogenesis are characteristics, to wit : Irresistible desire to bite the teeth together. When you find such symptoms in difficult dentition, you can rely upon *phytolacca decandra*.

The pathogenesis of *sanguinaria canadensis* is something like *phytolacca*, in that it will produce salivation.

Stiffness of the jaws ; pain in the upper teeth ; pain in a hollow tooth ; pain in one or more of the incisor teeth ; and in a carious molar tooth of the upper jaw ; the toothache is made worse by cold water ; and better by dringing warm water ; pain in a carious molar from cold drinking, two mornings in succession ; looseness of the teeth ; salivation and looseness of the teeth ; supposed himself able to take them all out as they were so loose.

Bloodroot is useful in gingivitis, in cases where the gums become very spongy, bleeding and fungoid.

There are other remedies that can be profitably employed homœopathically for the cure of dental diseases, but time and other considerations militate against occupying your time any longer ; yet it may be profitable to some one for me to give some idea of how I would apply the principles of homœopathy to assist me to save exposed pulps.

I am quite well aware that the rule amongst the profession is, that when a practitioner finds a pulp that has long been exposed, to proceed to devitalize it. That this may be the best possible method of procedure under some circumstances will hardly admit of a doubt ; under other conditions your speaker would consider it against the best interests of the patient to destroy that pulp !

Two things are as patent as the noon-day sun ; the one is, that the Almighty created that pulp for certain and specific purposes. The other is, that the patient by his neglect has done his best to defeat the purposes of his Creator.

The question now arises, What shall the party of the third part do in the premises ? According to the feeble intelligence of your speaker, if compelled by this high court to answer the question, he would say, Save that pulp alive, if possible. Other practitioners of greater experience would advise to destroy the pulp, every time. If asked why they would so proceed, their answer would be, " Because sooner or later, say in a year or two, that pulp will surely die ! " Yes, indeed, " it is appointed into man once to die, and after that the judgment."

Should a patient come to me with an exposed pulp that had long given him trouble and there was severe congestion, a throbbing and beating pain, and he desired to save that tooth, and the cavity was so arranged that I could get a good view of the pulp, horns and all, I would do all I could to save that pulp alive. I have yet to see a tooth with a live and healthy pulp, with an alveolar abscess on its fangs. I have yet to see a tooth, black, dried and brittle, that has a live and healthy pulp. These are some of my reasons for objecting to destroy a living pulp!

It appears to be a very lame and poor argument for one to say, "I always kill exposed pulps, because sooner or later they will die, and nine times out of ten one will have a putrescent nerve and alveolar abscess to deal with." This may be the sad experience of some gentlemen, but with your modest speaker it has been very different.

It is not claimed that every pulp can be saved, but the large majority can be!

There is no trouble for any one to save a freshly exposed pulp that has been exposed by the burr. The reason for this is, that there is no acute or chronic inflammation. Dress with carbolic acid, creasote, or bichloride of mercury to provide against the microbes, then, gently—note that I again emphasize gently!—cover the exposed portions with oxy-phosphate, gently! without pressure! A freshly exposed pulp will tolerate gentle contact, but will always rebel against pressure: but in cases where there is, or where there has been, acute or chronic pulpitis, or any inflammation, no pulp that has ever come within the superintendence of your speaker will permit even gentle contact, to say nothing of pressure!

Provisions against contact and pressure are two of the most important matters to be attended to in saving exposed pulps, especially those that have been once inflamed.

It is readily understood that it would be the height of folly for one to proceed to cap a nerve, while there was any inflammation, and without making the parts thoroughly aseptic.

Should I find any inflammation or slumbering irritation, I should for all acute symptoms depend on aconite, 3d centesimal, three drops in a half tumbler of water, two teaspoonsful at a dose, once in an hour, for from two to five or six hours, and then every two or three hours as I found the case to progress. Do not crowd the remedy too fast or you will produce an aggravation of your pulpitis. Always let up and lengthen out between doses as the symptoms become less urgent. If one has reasons to believe that suppuration is threatening, exhibit *mercurius corrosivus*, in about the third centesimal trituration, every three hours for a few times. *Mercurius corrosivus* is a remedy that has been used for a long time by the homœopathic physician to prevent suppura-

tion. I need scarcely remind you that our new antiseptic, the bi-chloride of mercury and mercurius corrosivus, are identically the same drug. The former is used to kill the microbe : the latter is administered constitutionally to prevent the microbe from forming pus. If one is legitimate the other certainly is reasonable. Thus, again, we find the microbe publishing the nuptial bans, and confirming again that there is one law of cure.

One will not aggravate pulpitis by very light topical application of a suitable dressing when the pulp is exposed to the air. It is when the original cavity of decay is stopped up tightly that a once inflamed pulp will not permit contact and pressure.

It is safe to cap and fill only when there is no pulpitis !

But sometimes pulpitis supervenes some months after the practitioner has completed his operations on account of thermal change or other exciting cause. If let alone, and only a palliative treatment adopted, such as topical application of aconite to the gums, and counter-irritation with capsicum or iodium, the case will surely go on to suppuration and the utility of capping exposed nerves be condemned.

In such cases the pain and discomfort arises from an undue accumulation of blood in all the parenchyma of that pulp, and there is pressure upon its nerve filaments and pain. The capillaries have dilated and allowed the blood to engorge itself within their minute canals, and they are incapable of contracting upon their contents, or the bony dentine walls to expand to accommodate this expansion of the whole pulp tissue, and unless relieved we will have arrest of function, death, and pus.

Now, what is to be done? Simply to make the arterioles contract upon their contents and expel the static blood. How can this be done? By giving a remedy that will cause just such a condition as we found in the frog's foot, and here we will find that homœopathic therapeutics can have an advantageous position in dental pathology. It should be remembered that aconite's most useful position is in the primary symptoms, and not after an exudation of lymph. Mercury is the remedy then ; but many times, if too much procrastination has been practiced by the patient, and organized lymph begun to form, nothing but death of the parts and suppuration will be the result. To resuscitate a drowned man one must immediately commence artificial respiration and not wait three or four days to consider the subject. To successfully treat congested pulps one must commence early.

Those patients who have had exposed nerves capped should be instructed to report early as soon as the first symptoms show themselves, when a few doses of the 3rd dilution of aconite will completely stop all farther progress of the disease nine times out of ten.

A cap must be constructed that is so much concaved that should a little swelling of the pulp in its grief ever occur, it will have room

enough to enlarge until you can reduce its size by aconite, belladonna, or gelsemium.

Caps made of beaten silver or gold, no thicker than writing paper, made concave by a punch on lead, or wood, by a broken excavator, have served your speaker very satisfactorily. The cap should rest beyond the horns of the pulp and on solid ground, where no softened dentine can give way and precipitate a pressure.

I will close by calling your attention to one more remedy in the extract of *Hamamelis Virginica* for the venous congestion of the gums after the extraction of the teeth. This extract is highly curative and will serve a much better purpose than any mouth-wash with which we are acquainted.

Thus, gentlemen, we have endeavored to prove to you that there is a law of cure, and that "homœopathic therapeutics" is a valuable aid "in dental pathology."

BROOKLYN, N. Y., 87 South Portland Ave.

OTITIS AND FRONTAL HEADACHE.*

BY JOHN C. MORGAN, M.D.

WE have, all of us, become familiar with headaches due to anomalies of refraction and accommodation of the eyes, and we know how to appreciate the warning of danger given by a dull semilateral pain in the head emanating from an inflamed and particularly a suppurating ear; but few of us, I think, ever suspect the origin of persistent and distressing pains in the anterior region of the head, in obscure and even unsuspected inflammation of the latter organ. A recent case has proved itself, therefore, quite a revelation to myself.

Lemuel P., a lad of 14 years, complained every morning of frontal headache, involving the eyes; appetite poor; aversion to study. An eye test proved him absolutely emmetropic; I may say, much to my surprise. He received, during many weeks, gelsem. 3x, pulsat. 2c, ignatia 2c, with negative results, or rather the headache steadily grew worse, and he lost flesh.

One day, he explained that on rising from bed, and when stepping heavily, particularly during the forenoon, the pain seemed to jump up to the top of the head like a concussion. This particular pain finds a specific remedy in calc. Calc. c 6x, which was given; "a powder when worse," with sac. lac. In this way, he got a dose every morning. Much aggravation followed the three doses taken; and the parents became alarmed and agreed to call with him twice a week. Prescribed

* Read before Am. Inst. of Hom. 1888.

sac. lac. And now he was better, but discovered some moisture in his right ear. Examination of hearing distance, for the watch showed about, R. E. $\frac{2}{3}$, C. E. $\frac{3}{8}$, but on the right side quantity of cerumen in the meatus, and this must have either caused or been coincident with, the discharge and with an unsuspected otitis.

On cleaning out the meatus, the membrana tympani appeared pearly, not perforated but corrugated, confusing the outline of the cone of light.

Sac. lac. was continued, and instead of the next call came a postal card, announcing that since the last visit "he appears entirely relieved from his long and troublesome headache, and general debility."

Such an experience should lead to constant suspicion in cases of intractable anterior headache, of causation in affections of the ear; the more when we remember that the temporal nerves do really ascend to the vertex and forehead, in close relation with the ear itself.

PHILADELPHIA, Penn.

DIETETIC RULES.

By M. W. VANDENBURG, A.M., M.D.

IN the September number of the *Hom. Phys.* is a short article from S. L., the import of which seems to be that Nature, when she strongly insists, is to be allowed her own way. Why not?

Are we not gradually coming to that? We no longer withhold water from a feverish patient, though they once thought it was rank poison. The giving of the most easily digested foods during depressed states of the system is no doubt a good general rule, but subject to many exceptions.

With Dr. Kellogg I have come to believe that a craving for any particular kind of food in a patient is safely gratified in so many cases and hurtful in so few, that it must be the rule to allow and the exception to withhold.

In September, 1887 I carried a case of typhoid successfully through 23 days from the chill. It was a rather delicate mother, pregnant 4 months, with the preceding child 13 mos. old at that time. The fever had been fed and watered freely as the stomach would allow. Plenty of water to drink and eggs and milk insisted upon every four or six hours during the day, and eight to nine hours during the night. The temperature on the 23d day was 99° F. when at its highest, 97° to 97½° F. at its lowest. The stomach rebelled. She had begun to eat well and sleep well, but now the whole meal would come up almost without warning, as soon as she was done eating. Phos. did no good either in 3x nor 12x for two days. Just after the breakfast had thus

behaved on the third morning I called. "What would you most like to eat?" "Well, I don't know; something sour." "What kind of sour?" "I think," she said, hesitatingly, "I would like vinegar." "Would you like clear vinegar, without anything else?" Finally, by several more questions the fact was elicited that she wanted raw, fresh cabbage, chopped and with vinegar; but, she added in a resigned way, "I suppose I can't have that." "Certainly you can, if you want it so much as that." So in about an hour another breakfast was brought, and with it a saucer of raw cabbage and vinegar. She ate perhaps a heaping tablespoonful of this, with the other food, and with great relish. No more was heard from this meal than if she had been in the most robust health. The same dish was served with each succeeding meal for two or three days, as long as she craved it, and without one drop of medicine further. She made a rapid and superb recovery, feeling quite unconscious of a stomach. At full time she was delivered of a finely developed boy, $9\frac{1}{4}$ lbs., being in labor less than an hour. To-day she is in perfect health, and the baby, 6 mos. old at this writing, is as strong and well as any baby in the land.

CASE II. A rachetic child of miserably poor parents, $2\frac{1}{2}$ years old, unable to walk, the fifth of six children, had suffered from copious watery diarrhœa, emaciation, no appetite, and the most unhygienic surroundings for some weeks. Time, the 1st of December, 1881. Remedies seemed to do little good, and I was hopefully expecting to see the child out of misery in a few days at the most. One evening some cheese was brought home from the grocery among other supplies. The child smelled it, caught sight of it, and would not be pacified until she had been given some. She ate, according to description, at least a quarter of a pound, with nothing else. Slept well that night, the first time for two weeks or more. Next day had no diarrhœa and some appetite. Recovered fully from digestive troubles in a very short time and without drugs, and began to walk the following spring.

To this I will only add that to mothers, immediately after confinement, for the past five years I have allowed good, substantial food. For the past three years they have had, WHEN THEY SO DESIRED, beef-steak, potatoes, bread, coffee or tea, cake, puddings, fruit, in short everything one would eat at any time in the line of wholesome food.

In no case, among those who have eaten the best and the most, has there occurred indigestion, headache the second or third day, fever, or any of the always looked-for and seldom-absent symptoms of the toast and weak tea diet of olden times.

Often the first meal is taken within an hour or even less after delivery. If we follow Nature's leading in dietetics we should not often go wide of the mark, nor incur any great risk.

FORT EDWARD, NEW YORK.

ONE SUBJECT WITH TWO SPLEENS.

By P. L. CARTER, House Physician Ward's Island Homœopathic Hospital, New York.

HISTORY.—J. C.—, widower, Irish, age sixty years, occupation weaver, height 5 feet 4 in., chest 30 in., head 20 in., abdomen 26 in.

In hospital fifteen days. Died Oct. 11, 1888. Has been drinking hard for the last five years ; at times he had not enough to eat, and only a poor place to sleep. Went on a spree every two weeks. Was strong and healthy before he began drinking.

His parents were both old when they died. They had four other children, history unknown. He gave a history of intermittent fever and hemorrhoids. For the last month he had a chill every other day ; starts in the morning with a severe shake, followed in the afternoon with fever without sweat, but has headache and thirst throughout. Has stitching pains in the left side, slight cough, expectorates very little. Appetite poor, sleeps fairly well, bowels regular.

Physical examination : Body emaciated, chest flat, liver slightly hypertrophied ; area of cardiac dullness increased, apex in nipple line ; murmur and roughness more marked with first beat at apex and with the first beat over the aortic valves, than with the second heart sound. Evidences of an endocarditis.

There are crepitant and subcrepitant rales in the upper lobes of the lungs, the lower lobes are full of mucous rales and pleuritic sounds, more marked on the right side, while there is dullness over the lungs on percussion.

The patient took a chill during the examination, which made it difficult to make.

Autopsy, Oct. 12, 1888.—Body : Rigor mortis well marked, body emaciated, abdomen discolored.

Heart : Weight 14 oz., filled with thin black blood, and on its right posterior surface the visceral and parietal layer of the pericardium was adhered, while the visceral pericardium on the anterior surface of the heart presented a blistered appearance. The pericardium contained more fluid than normal. Pulmonary valves normal. Tricuspid shrunken and slightly atheromatous. Left ventricle hypertrophied. Aortic valves have calcareous deposits throughout. The mitral valves are one mass of calcareous deposits. The valves are all slightly congested, and the ascending aorta is very much dilated.

Lungs : Pleuritic adhesions are complete over the entire lungs. Right—Weight, 3 lbs 8 oz. Lower lobe sinks, upper one floats ; upper lobe œdematous and has a cavity in its apex, with tubercular deposits terminating in gangrene ; bronchial tubes are congested ; lower

lobe hepatized. Left—Weight, 1 lb. 3 oz. Upper lobe is œdematous and emphysematous; lower has a large cavity opening into the pleura, and is partially collapsed.

Liver: Weight, 4 lbs. 1 oz.; stage of red hepatization.

Gall Bladder—contained two and one-half ounces of fluid.

Spleens: Weight, 1 lb. 7 oz. Two spleens; one weighed about one ounce. The larger was congested and friable; the smaller was attached by a small cord or ligament to the end nearest the left lobe of the liver and the under surface of the larger. It had a lining membrane, was roundish or oval shaped, and seemed of the same texture as the larger.

Kidneys: Left—weight, 6 oz.; capsule adherent; tissue congested and tense. Right—weight 6 oz.; same condition as the left.

CORRESPONDENCE.

Editor AMERICAN HOMŒOPATHIST:—I am glad to see that you have taken up the defense of our homœopathic writers. Some of the criticisms on Dr. Kimbal's valuable book have been anything but fair and reasonable. They would have done credit to any fierce old-school journal. The desire to condemn has been exceeded only by the egotism of the writers.

There is a responsibility to be considered in writing these reviews which seems to have been overlooked, and that is the influence on the younger members of the profession, and particularly the student.

What is to be the future of homœopathic therapeutics if valuable aids to the study of materia medica and careful prescribing are to be condemned in the manner that has been followed in the review of Dr. Kimbal's book? The truth of homœopathy has been well established, and will withstand the petty assaults from these self-styled "scholars" of homœopathic literature, but if good books are to be judged before this bar of "classical litterateurs," let us have envy and prejudice left out.

Dr. Kimbal's book has proved in our hands a valuable aid in treating venereal diseases, and has repaid in time and anxiety saved, many times its cost.

Why is not this boasted "liberty" allowed the man who writes or compiles a book on homœopathic therapeutics, and why is a *compilation* condemned on the ground that it lacks "evidence of the author's or some other observer's experience or verification in the *application* of remedies."

W. E. REED, M.D.

CHICAGO, Sept. 18, 1888.

OUR EXCHANGES.

TOLEDO *Blade*, Oct. 22, 1888.—An Interesting Surgical Operation To-day at the Cherry Street Hospital.—A serious yet withal very interesting surgical operation was performed this morning at the St. Vincent's Hospital, on Cherry street. A lady aged about 46 had for months been painfully conscious of the growth of a tumor, which had rendered life a burden almost too heavy to bear, and while shrinking from the inevitable ordeal of an operation for its removal, she reluctantly gave way to the importunities and counsel of friends and relatives, and withdrew to the hospital to prepare for the surgical relief promised.

This morning, therefore, at 11 o'clock, Dr. Albert Claypool, as surgeon, with Drs. A. E. Scheble, A. C. Barlow, W. Watts, and W. T. Rowsey, of this city, and Dr. Frank Kraft of Sylvania, as assistants, began the operation, called in technical parlance a laparotomy. Dr. Claypool succeeded in removing a multilocular cyst of the right ovary, covering a surface, when laid upon the table, of a foot in diameter, and weighing with cystic fluid in the immediate neighborhood of 25 pounds.

The operation from beginning to end lasted a trifle over one hour; the patient rallying speedily, coming from under the influence of the anæsthetic in benign fashion. At last accounts the patient was chatting cheerfully with her sister, and gave indication of a favorable and prompt terminus of the operation.

This is a brief newspaper statement of a skillfully performed laparotomy, which to the assembled physicians augured illy for the patient. The result has proven the merit of the work done, the lady four days afterward being in reasonably good condition, the secretions and excretions fairly normal, the temperature and pulse by no means exaggerated, and every prospect of a speedy recovery.

—SOME SYMPTOMS OF DIABETES (L. Lewis, M.D., in *Medical World*)
—A chloroform-like odor of the breath, a cider-like smell of the urine, a longing for meat, a white stain on the under-linen, a scarlet color in the mouth, and a tendency to boils, carbuncles, cataract and pruritus, each and all should direct attention to the possible existence of diabetes, when not distinctly referable to other causes. The presence of sugar alone does not indicate diabetes any more than do inordinate thirst or loss of flesh.

—TAPE WORM.—Emaciation, debility, hypochondriasis, flushing, malaise, shifting pains, night sweats, fever simulating ague, formication, prurigo, headache, drowsiness, dimness of vision, dyspnœa, palpitation, globus hystericus, dyspepsia, flatulence, hiccough, pain in the stomach, sinking at the pit of the stomach, loss or excess of appetite, bad taste in the mouth, furred tongue, rolling of the stomach, constipation alternated with diarrhea, dysuria, diabetes insipidus, uterine derangements, insomnia, dry cough, epilepsy, pruritus ani, itching of the nose, deafness, typhoid symptoms; all these, or any of them, if not otherwise satisfactorily diagnosed, may be advisedly examined into as possible symptoms of tape worm.—*Med. World*.

—**STRANGE SENSIBILITY TO BLUE.**—A prominent gentleman in a neighboring city is always made sick by the smell of watermelons. He can detect the odor if one is carried through the house two or three hours before he comes in. When perceptible to no one else it makes him deadly sick. Speaking of this fact, the engineer of train No. 358 on the Hudson River Railroad said: "I have had a peculiar experience in reference to poisonous substances. Poison ivy has never injured me, and no external poison that I have ever handled has done me harm except in one instance. I once wore a pair of blue overalls, and wore them to go swimming. The blue color came off on my body and poisoned me. I was in such a condition that I had to be lifted from my bed on sheets. Since that time I can not even put my hands in bluing water without unpleasant results. In cleaning my engine, if I take up any waste with blue threads in it I can tell at once from the suffering I experience that there are blue threads in the bundle."—*The Albany Journal*.

—**JOURNEY OF A CACTUS THORN.**—About seven years ago Geo. W. Mitchell of Palatka, Fla., was traveling in Mexico, and while out walking one day he saw something on the ground to excite his curiosity, and stooped down to pick it up. While thus stooping, or sitting on one knee, he lost his balance and fell over against a cactus, running one of the thorns into the calf of his leg. He tried to pull it out but did not succeed, and, when he got up, as it had stuck into a muscle, it had a firm hold, and was drawn in through the skin and disappeared. For a week after that the only inconvenience was a little soreness at the wound, and two or three years after, Mr. Mitchell said, he felt as if he had rheumatism in that leg. Last Saturday a sore place was felt on his chin—something like a boil, though not quite so painful. Still it was enough to annoy him, and he kept working at the place, as one will, until he felt a sharp point protruding. He tried several ways of ascertaining what it was, and finally resorted to the old-fashioned way of squeezing the place until the point came out, and about three-quarters of an inch of the old cactus thorn. After seven years of travel over his body, entering the calf of his leg, it finally finished its journey on the end of his chin.—*Atlanta Constitution*.

—**CATCHING A TARTAR.**—The Chamber of Deputies of Wurtemberg lately passed a motion recommending that candidates for medical posts under government should be examined in homœopathy. Whereupon the Wurtemberg Medical Society presented a petition to the Chamber on the 5th of March last, protesting against this proposal, and declaring that "the so-called homœopathic method of treatment can make no claim to be scientific." But they had better have left things alone, for the only answer they got was a ministerial decree, promulgated on the 20th of April, in which it is declared that "the principles of homœopathy are included in the subjects of examination for medical police and apothecaries. And candidates for the medical service of the State will be examined in the principles of homœopathy." The homœopaths of Wurtemberg were of course highly pleased with this, and they sent to the Ministry a letter of thanks for the justice that had been done to them. We are not informed how the Medical Society took this snub, but doubtless they did not address a letter of thanks to the Wurtemberg Ministry.—*Homœopathic World*.

—“A CORRECTION.—The *Boston Medical and Surgical Journal*, from which an extract was quoted by *The Medical Record* bearing on the composition of several artificial foods, publishes a correction based upon the analyses of Professors Elwyn Waller and A. A. Breneman regarding Reed & Carnrick's soluble food, to the effect that 38.26 per cent. of the albuminoids which it contains are in soluble form, that no ‘hard unchanged particles of casein’ were found, that the casein is partially rendered soluble by the action of the digestive ferment. That the proportion of albuminoids in Liquid Peptonoids is limited only by the quantity which can be kept unchanged in solution, that sixteen per cent. of alcohol is necessary to prevent decomposition of the albuminoids, and that no greater than three per cent. of these can be held in solution in this liquid. The *Record* publishes the correction from the same source as the original quotation as an act of justice to all concerned, regretting that, in common with their Boston contemporary, they were in any manner misled by what appeared to be a well-authenticated official report.”

—AN EXPERIMENT IN OPTICS.—A workman in a German factory claimed that through an accident, while employed in his daily labor, he had lost the sight of his left eye, and brought suit against his employers for damages. Experts pronounced the eye sound and uninjured. To prove this, words were written upon a blackboard with green color, and the patient required to put on a pair of spectacles, of which the glass for the left eye was plain white, that for the right being red. He was requested to read the writing, which he did without hesitation, thus convicting himself of fraud, as he had seen with the left eye only, it being well known that the red glass for the right eye would change the green to black, rendering it invisible. Thus does science triumph over ignorance.—*Pharm. Era*.

—A TRUE STORY.—Once upon a time we were called to see a young married lady. After completing our examination we were about to make a prescription, when the husband called us into an adjoining room, and, after taking us into a corner, said, “Doctor, my wife don't want you to get her in the family way.” Did we blush? Well, if it had occurred at night our face might have been mistaken for the headlight of a locomotive. Our vaso-constrictors were completely paralyzed, and we feel certain that we were the best read doctor in Texas. Finally, after getting at what the gentlemen meant, we found words to explain to him that medicine possessed no such virtue, and virtue—of which we were the embodiment—possessed no such medicine.—*Texas Med. Record*.

—ADMINISTRATION OF MEDICINE IN HOT SOLUTION.—This is a suggestion made some months ago by the *Medical World*, and, to our mind, deserves the hearty co-operation of the medical fraternity in proving or disproving its efficacy. It is an idea with the seeds of plausibility about it, and careful trial in the hands of a large number of medical men will do much to settle its claim of precedence over the more common method of administering drugs. The idea was first called up in connection with the giving of morphine in hot solution instead of by means of the hypodermic syringe when a speedy effect is desired, but its field of application has seemed broad enough to entitle it to a fore-

most place in the administration of all drugs, except where emergencies arise. There can be no doubt that cold water chills the stomach, thereby contracting the vessels, and retarding absorption until it has regained its normal temperature. For this reason, also cold, water should not be taken immediately after the medicine.—*Phys. and Surg. Invest.*

—NITRIDE OF AMYL IN DYSPNŒA.—I had a patient with Bright's disease, who suffered most agonizing paroxysms of dyspnœa—they were simply terrific, notwithstanding the use of ordinary measures. There was no asthma whatever. On the recurrence of an attack I gave three drops of nitrite of amyl in a teaspoonful of brandy, without expecting much result, but simply as a *dernier ressort*. The result was simply miraculous! It was almost instantaneous. From a sense of impending suffocation, the patient began to breathe perfectly free in less than five minutes. This relief lasted for upwards of twelve hours, when the same quantity was repeated on the recurrence of another attack, with the same result, and without increasing the dose. The nitrite was given on every recurring attack, until the attacks finally disappeared, and for several days the patient has had no dyspnœa whatever. The original disease, however, is unaffected by the nitrite.

Now, while I am free to admit that one swallow doesn't make a summer, and while I know that this remedy is not specially recommended for the dyspnœa of Bright's disease, still I have seen enough of its effects in this case to make me wish that I could tell my experience to the whole profession at once.—*Dr. Ward, in Med. Register.*

—MEDICAL POLITICS.—There are two points worthy, I think, of attention. One is that we do not put ourselves in the wrong by any *ad captandum* proceedings. The appeal to the laity I would indeed say no word to discourage; let it be freely made, but let it be after the manner of the tracts of the excellent Homœopathic League, *anonymous*. Do not let us advertise our names or our writings in such a manner as to bring ourselves into the unsavory company of those who thus tout for practice; do not let us be open to the generally unwarrantable insinuation that we trade upon our distinctive homœopathic designation. The other point I would make is that we interpose no unnecessary barrier to conciliation by acerbity of language on our part; or by going out of our way to oppose and ridicule such things as Listerism, as vivisection, as Pasteurian preventives of hydrophobia, and so forth. As individuals, we are entitled to our opinions on these subjects, and to the expression of the same; but I must feel regret when I see homœopathic journals as such taking up positions in the controversy, and so adding fresh elements to the contention we wage with the main body of the profession. I feel, moreover, that we are sometimes wanting in the *suaviter in modo* which becomes all such discussions as ours. There is a perceptible diminution in the bitterness of tone which used to characterize the utterances from the other side; even the *Lancet* is generally civil. Let us not be behindhand in cultivating the amenities of controversy; do not make the task of our friends more difficult by saying things which "set up the backs" of our enemies.—[From Dr. Richard Hughes' *Address to the British Homœopathic Medical Society*, in, *The Clinique*.

A "REGULAR" QUACK.—*The Lancet* is responsible for the following: "Quackery *versus* Regular Practice." "An instructive story, illustrating the preference of the public (at least in France) for quackery over science, is just now going the round of the French medical press. A provincial magistrate having received numerous complaints that a certain Monsieur L—— was practicing medicine illegally, sent for him and interrogated him as to the truth of the reports. To his surprise, the quack fully admitted the fact that he practiced, but declared that he was only acting within his rights, being a Doctor of Medicine of the Faculty of Paris, and produced from his pocket his diploma, which was perfectly regular. On being asked why he had concealed the fact of his being properly qualified and posed as a quack, he explained that he had done well as a student, and that having attracted the notice of some of the professors, he was encouraged to set up in practice in Paris. Although a few patients came, he was unable to pay his way, having expended all he had saved in the fees necessary for his diploma, etc. He left Paris in despair, and went on board a cod-fishing boat. In this way he earned a few hundred francs and returned to France, determined to give up medicine and to follow business for a livelihood. He found, however, from time to time, opportunities of attending patients, but did not tell them he was a doctor. His fame spread, and he had been making a good income for the last ten years, during which time he had saved and invested about 10,000 francs. He was so convinced of the superiority of the position of a quack over that of a medical man, that he begged the magistrate to keep his secret; for he was positive that if it leaked out that he was a qualified man he would lose all his practice."

If this kind of thing spreads, the genuine quacks will have to get an Act of Parliament passed to make it illegal for qualified men to conceal their diplomas.—*Hom. World*.

DR. GRAFF'S ANTISEPSIS FOR THE GENERAL PRACTITIONER.—*Med. Standard*.—Being something of a surgeon myself, and always on the watch for suggestions which may tend to advance my art, I have read with deeply-interested approbation the April *Annals of Surgery*, wherein antiseptic precautions, as applied to the field of the general practitioner, are discussed. Truly, the writer has delved deeply into his subject, but even to his wealth of suggestions many minutiae of importance, it seems to me, may be beneficially added. By adding to each of his suggestions my humble mite I hope to advance yet further the technique of our noble art.

In place of the elaborate disinfection of room and furniture, it surely would be a saving of time, money and labor to build a new house of material soaked for many days in solutions of corrosive sublimate, $\frac{1}{2}$ per mille. The mortar should consist of lime slaked with a similar solution. Furniture could be made of eucalyptus wood, and many similar improvements could be made on the rather crude methods Dr. Graff indicates. Under such circumstances the pus-producing microbes could not show their heads with impunity. Instead of commencing one week ahead of the operation, at least two weeks should be given to preparing the patient. His or her umbilicus, that sink-hole of filth, should be excised, and the toe and finger nails pulled. Daily irrigations of all cavities with antiseptic solutions, followed by plugging with

gauze, should be practiced, and preliminary tracheotomy, with cleansing and stuffing of nasal and oral cavities, should be done; the end of the tube to be carefully kept covered with gauze. The eyes, which are directly connected with the germ-breeding nasal cavity, should be hermetically sealed. A thorough application of iodoformized colloidion should be made every day to the entire skin. After these measures have been practiced a few days, all food should be introduced through a tube in the pharynx surrounded by gauze, with or without the spray, as the operator may desire, but always sterilized by heat. The hairy portions of the body should be shaved thrice daily with a sterilized razor.

The "ideal aseptic operator" stepping from his Russian or Roman bath, in his sublimated toga, in sandals of glass sterilized by passing through the Bunsen flame, should be in the same condition of cleanliness as his patient with regard to umbilicus, rectum, urethra, etc., etc. He may save the nail of his fore-finger on the left hand, provided he has, after cleansing, kept it wrapped in sublimate gauze for a week. The rest of his nails must go. The assistants should be parboiled, wear sublimated night-shirts and sterilized glass sandals. Both operator and assistants should take a large dose of opium to make assurance doubly sure that the bowels do not move or the distended bladder cause distress. If they wear respirators packed with gauze, tracheotomy will not be needed, since an accidental sneeze or cough is thus rendered innocuous. Having observed all these precautions, we are in a fair way to do aseptic surgery. I have omitted nothing necessary to success, though perhaps I have added something to the technique of the operation. Should the patient be found in extremis as the result of so much interference, the operator may console himself with the reflection that she would not have borne the shock of the operation well, and that sudden death in any form is more agreeable, to the surgeon at least, than death on the table.—"DIOGENES."

AN ARKANSAS ECLECTIC'S DISCOVERY.—When I first began the practice of medicine it seemed to me that every female patient I had needed pulsatilla and macrotis, and I accordingly, for a great while, gave them; frequently, however, I would give pulsatilla alone; and the strangest thing was that within twelve months every patient that had taken pulsatilla gave birth to a child, and one or two of them misses—suspicious characters who had doubtless been gratifying their passions for some time, which had never proved itself.

I have since been studying the action of pulsatilla in this direction, and you need not doubt that it will cause conception in a great many cases. So if you meet with a married couple who are hunting a child to adopt, give them pulsatilla and send them home. I know it will not cause conception without coition, but I am sure that it exerts a wonderful influence with those who are cohabiting; that if one will put a few drachms in a public well, every woman in town who is cohabiting will bring a child. So I would warn the ladies who are guilty of this practice, and desire to keep it to themselves, to beware of pulsatilla.—*Eclectic Medical Journal*.

POTT'S FRACTURE.—Robert Jones, *Liverpool Med. Chirurg. Jour.*, July, 1887: There are two objects to be attained—the reduction of deformity, and the maintenance of reduction.

Reduction is accomplished more readily in proportion to the absence

of delay. Walter dressings and Fabian policies should be rigidly discarded, as even twenty-four hours may make a material difference in the easy success of manipulation. My advice to house-surgeons and others is to seize the earliest chance of replacing the astragaloid luxation. A patient brought straight from his fall, with no matter how terrible an eversion, presents no approach to difficulty. It is hard to give any rule of procedure which alike will remedy the defect of symmetry in all cases. Generally speaking, after flexing the knee it is best to firmly grasp the foot, the dorsum in the right hand and the heel in the left, and to steadily pull for a few seconds. Next move the foot a few times from side to side and powerfully invert. Should this fail, start again, repeating the former movements, and on each occasion a gain in the right direction is recorded. This may be even again repeated. If, notwithstanding, deformity yet remains, increase it by still further everting the foot, and then repeat the primary manipulations. Should it still be unsatisfactory, a gradual replacement must be attempted by means of pads. But the effort at reduction should be long continued, and very rarely indeed given up as futile.

Once reduction be complete, there is no tendency to recurrence of deformity, and therefore no real occasion to employ those splints which are devised to counteract special displacement. Lest, however, a little deformity remain, it is well to put on a couple of side splints and a posterior splint, the side splints being armed with pads suitably arranged to minimize deformity. The splints I have been accustomed to use are made of malleable sheet-iron, and the practitioner can with his foot press the ends of both side splints so that they approximate on the sole, forming a support which maintains the ankle at right angles. When the splints are adjusted the patient must be directed to flex the knee and lie on the outer side of the leg. Just a few words respecting the position of the ankle. It is of the utmost importance that the ankle be kept at right angles, and that the bedclothes be prevented from pressing upon the toes and extending the joint. After-results, very serious by reason of their tediousness, are due to neglect of this precaution, and hardly a month passes but a case presents itself at our outpatient department, walking upon his toe with a contracted tendo Achillis, which might have been well months previously, were it not for the overlooking of this apparently trivial detail. Patients should be kept in splints for fully five weeks, and even then the foot should only be very tenderly dealt with. Mr. H. O. Thomas is accustomed to crook the heel of the boot, the slope being from without inwards, the lowest point being on the inner side, as soon as the time for walking commences, and this precaution will be found of much service. The more moderate the exercise during the initial period of walking, the better the ultimate result. The patient should be kept under observation for at least three months.

Among the troubles following these fractures we may place :—

1. *Persistent Pain over the Ankle-joint.*—This is generally due to injury which the articular surface has suffered at the time of the accident. It must have been sufficiently severe to have outlasted the period of rest which the fracture necessitated. The pain is generally most marked over the deltoid ligament, and, though lessened, does not disappear at night-time. It is needless to say that passive motions in such

cases are sad blunders, and result in increased pain and decreased movement. Rest is the remedy.

2. *Swelling of Foot Increased on Movement.*—This may be due to chronic synovitis, but generally results from circulatory disturbances, arising sometimes from the results of tight bandaging, but oftener from inefficient reduction, with subsequent outpourings of callus. The errors in circulation are best attended to by directing the patient to elevate his leg, to keep his knee slightly flexed, to apply hot applications, and to adopt surface frictions from foot to knee twice every day. A little exercise is good, but immediately on return let the patient fall on his back and elevate the foot.

3. *Pain over Site of Fracture.*—As a rule this is due to the unsoundness of the bond of union, and is frequently the result of permitting too early perambulation. It may or may not be accompanied by deformity. The treatment of the former cases I shall at some future date take an opportunity of publishing in detail, with accompanying diagrams. If there is no deformity, the ankle should be still further kept quiet, should be supported by plaster, and later on the heel of the boot crooked as suggested by Mr. Thomas. If, despite these precautions, walking is irksome, an iron stem should be fitted to the outside of the leg, and into the heel of the boot, and the leg well bandaged to it night and morning.

4. *Contracted Tendo Achillis.*—This is a common accident of neglected precaution in the treatment of Pott's fracture. There is no excuse for it. *It should be an axiom that the foot be kept at right angles.* Simple as the treatment of such cases may appear, in actual practice real difficulty is encountered. Suppose, for instance, the case is one where the joint has become stiff from articular mischief. Division of the tendon here would avail but little, and we shall be forced to adopt those measures applicable to ankylosis. In other instances, also, where there is no arthritis, much force has to be expended upon the foot, in addition to tenotomy, before the result is respectable.

It is, therefore, clearly wiser to avoid the necessity.

The after-treatment consists in knocking the heel of the patient's boot, and directing him to amply exercise the stiff articulation.

5. *Deformity.*—This may be due to inefficient primary reduction, or to return of displacement from pressure on the foot during unsoundness of the fibular bond. This will be treated of later.

—WAVES OF TEMPERANCE.—In a recent address, Dr. T. D. Crothers referred to the various temperance revivals in America and England as physiological cyclones. Enthusiasts believed on each occasion that the power and influence of alcohol were destroyed forever. Yet as each wave of enthusiasm receded, it was seen that intemperance flourished apace. The same ebb and flow of the tide of temperance is still witnessed. As the whirlwind of revolution clears the air and prepares the way for the advance of truth, all these revivals and missions have directed the attention of the thoughtful to the study of the whole subject. The voice of science is beginning to teach that inebriety is a disease, and must be treated accordingly. Four medical societies and one quarterly journal are devoted exclusively to the study of the laws which govern inebriety. This increasing recognition of the disease aspect of intemperance is only the re-affirmation of a truth urged cen-

turies ago, but the times were not then propitious for its reception and growth.—*British Med. Jour.*

—THE FUNCTIONS OF THE SUPRARENAL CAPSULES.—It is concluded that the suprarenals are blood-glands having function of removing effete pigments and effete proteids. When the organs in question are diseased, these products circulate in the blood, producing on one hand pigmentation of the skin, on the other the depressive effects of a septic poison.

As the suprarenals are not the only blood-glands, it does not follow that serious phenomena always result from their disease. Their duties may be performed by other organs having allied function.—*N. Y. Med. Record.*

—PREPARATORY SCHOOLS FOR MEDICAL STUDENTS.—Says the *Va. Med. Monthly*: Now that State Boards of Medical Examiners are becoming established, empowered to grant licenses to practice only to those who pass satisfactory examinations before them, regardless of the diploma granting authority, attention is being painfully directed to the great lack of preparatory medical education. In the days of our fathers, pupilage in the office of some educated doctor was the custom before entering a medical college, and it was expected that under such preceptorship the student would gain such primary education at least as would qualify him for the more advanced teachings of the college. But "the war between the States" not only broke up this time-honored custom, but also threw into our colleges a large number of students who not only did not have preparatory medical education, but scarcely any primary scholarship of any kind. Sympathy or other feeling akin to sympathy grew up on the part of teachers because of the lack of opportunities on the part of students fresh from the battle-field, and "allowances for the surroundings" were freely made, both North and South; and it can not be denied that many have graduated from highly respectable colleges that, in the light of present progress, were not fitted for the task of the practitioner. The registrations of preceptors at the time of matriculation became a formality, and the uselessness of this formality soon became so apparent that, for the most part, it has now been entirely discontinued.

This general lowering of the standard of graduation was early taken advantage of, and less worthy colleges used the advertisement of speedy and easy graduation as a "drummer" for students. Then medical college after medical college sprang into existence all over the country, apparently for no other purpose than to attract big classes and to send forth almost every applicant for graduation with a diploma, in the hope that the incompetent M.D. would so recognize his incompetency to battle with the major diseases as to force him to send the better pay class of his patients to the professors of the "dear *alma mater*."

Editorial drawers rapidly filled up with rejected trash, and the competent of the profession soon became cognizant of the weakness—of the absolute ignorance—of those with whom they were called upon to associate in consultations, etc. The once influential position of the neighborhood doctor, because of his higher degree of education than of those around him, was lost among the people, because they recognized in him a low degree of qualification as to even the elementary branches

of medical sciences ; and thus it became more and more a necessity, for some of the States at least, to establish protection for themselves in the shape of State Boards of Medical Examiners.

But the establishment of such Boards of Examiners, if it has done no other good, has lifted the standard of professional requirements. It has brought to adoption a system of *preparatory schools for medical students*, which, being more systematic, are even more valuable than the ante-bellum system of office preceptorship. No promise nor effort is made to graduate the student. It is only intended in these preparatory schools to teach and drill into him those elementary studies and principles which are essential upon which to base a proper medical education and to prepare him for a medical college. Of course the facts learned in such preparatory schools are practical facts learned for all time ; and hence these schools can be made available by the doctor who wishes to review his studies in order that he may become the better informed or else prepared to enter upon examinations before boards of medical examiners and for such positions as surgeons in the army, navy, etc.

THE SICK ROOM.—The following views on the errors in nursing is from the pen of an English physician, in the *London Telegraph*, who, having spent the past three years on his back, owing to a run and relapse of fever, knows whereof he speaks :

Do not walk on tiptoe, for this, in addition to its unusual elaboration of the gait, invariably causes a certain amount of creaking.

Speak in low tones, but don't whisper ; a whisper will often awaken a sleeper who would not be disturbed by ordinary conversation, and never say "hush" ! Let your clothes and foot covering be of as noiseless and unobtrusive a character as possible, and instead of gliding and tottering about like a rickety ghost, do not hesitate to walk. If you have occasion to say anything in the room, say it so that the patient can hear it if he wishes, and do not let him be aware of your conspiring privately with others, especially at the door.

The door has much to answer for. If it be visible from the bed, people open it cautiously, put their heads in, and slowly withdraw again. If, as is more frequently the case, it is screened by the bed curtains, mysterious openings and shuttings are heard, unattended by any ingress or egress, and sotto voce colloquies go on outside. When you enter do so honestly and at once ; do not spend five minutes in turning the handle, like a house-breaker, thereby producing a series of irritating little clicks, finally terminating in a big snap, with which the door flies open. If the latch be at all rusty, a handle that is slowly wound back in this way will often stick, and either require to be rattled back into position, or, if left as it is, may start back suddenly after a time of its own accord with a report like a pistol-shot.

It is always well to recollect that it by no means follows that a sick person is asleep because his eyes are shut ; he may be acutely conscious of all that is passing in the room, though unable or unwilling to make any sign ; and nothing can be more maddening, under the circumstances, than to have people hush-sh-ing and whispering around, and creaking about on the tips of their toes. We have all sympathized in our hearts with poor Sir Leicester Dedlock when his tongue was smitten with paralysis, with his sister constantly bending over him with

clasped hands and murmuring : " He is asleep ! " till, goaded to desperation, he makes signs for his slate and writes : " I am not."

Never stand at the foot of the bed and look at the patient. While talking to him it is better to sit at the side of the bed, and as near the pillow as possible, so that you may converse easily, while your face and body are turned in the same direction as his. By this means you can make all necessary observation of his features without enforcing the rest of his eyes to your own, which is so embarrassing and disagreeable to one lying in bed, and is almost unavoidable when facing him. Keep him in as comfortable a position as possible by all means, but don't be too demonstrative in smoothing the pillows and little offices of that sort. Fidgety attentions will worry him, and do him more harm than downright neglect.

TOBACCO AND SUNSTROKE.—In an article on the use and abuse of tobacco, by Dr. A. De Noë Walker, in the *Homœopathic World*, the following passage occurs : Respecting the therapeutic value of tobacco, I have at least one important fact to commend and to recommend. As a prophylactic against isolation or sunstroke it is absolutely specific. Whether the subject be a smoker or not, a cigar or a pipe will in a few minutes dispel all premonitory symptoms of sunstroke, or prove a certain prophylactic. If a man is struck down by sunstroke, then glonoin or belladonna must not be overlooked. But such cases are always more or less accompanied by danger, and if the patient survives it is seldom that he can get rid of some permanently direful effects.

THE PHYSICAL BASIS OF BRAIN WORK.—Can we hold that the connection is a purely accidental one between the tireless physical vigor and bull-dog tenacity of life and purpose of the English race, and the fact of their tongue being the language of millions upon millions, and bidding fair to become the universal thought-medium ; their empire, upon which the sun never sets ; the priceless services they have rendered to the cause of civil and religious liberty, and the intellectual influence represented by such names as Pitt and Gladstone, Carlyle and Bacon, Wesley and Spurgeon, Newton, Darwin, and Spencer. The great national movement of Germany, which has been accompanied by such a remarkable display of intellectual energy, as is signalized by the names of Liebnitz and Kant, Goethe and Schiller, Helmholtz and Virchow, Bismarck and Von Moltke, has its foundation in the almost intolerable military drill and warlike training of the two Fredericks, was fostered by the bitter object-lesson on the value of physical prowess inculcated by the wars of Napoleon, and was inseparably connected with the rise of the great Turnverein system of gymnastics under Father Jahn.—*London Lancet*.

MORNING SICKNESS IN THE HUSBAND.—At the meeting of the Obstetrical Society of Philadelphia held April 5, 1888, Dr. Hamill reported the following case : " The occurrence of morning sickness in the husband, after the fact of pregnancy is known or suspected, I have frequently noted. The case I would report is unique, from the fact that the sickness appeared in the husband at such an early period of pregnancy. Two weeks after the appearance of menstruation for the last time, the husband had daily morning attacks,

and not until it was time for the next menstruation had the woman any other evidence that conception had taken place, and then she failed to menstruate. The husband continued having the attacks for two months. During her previous pregnancies the husband had suffered from the same attacks, but not until they were both cognizant of the fact." Dr. William Goodell remarked that Sir Francis Bacon had written some lines on this subject, the substance of which was that "loving husbands so sympathize with their pregnant wives that they have morning sickness in their own person." A writer in *The Lancet* of May 4, 1878, p. 666, also refers to a case in point which occurred in his own practice. In this case the husband's nausea and vomiting began and ended with his wife's.

AN INDICATION THAT THE UMBILICAL CORD IS AROUND THE NECK.—Mr. F. R. Humphreys writes to the *British Medical Journal*, November 6th, that in nearly all cases he has seen, where the umbilical cord was around the child's neck, the mother had cried out when the head was against the perineum, much the same as in the early part of the first stage of labor, and had complained of sharp, acute pain. He says he has rarely noticed this cry when the cord was not around the neck of the child.

GLOBULES.

—Dr. T. M. Strong, Chief of staff, Ward's Island Homœopathic Hospital, desires the Am. Inst. Trans. for 1840, '51, '52, and '57. Who has them to spare?

—*On dit*—and we shall soon know whether we are uncle or aunt—that the Boston University School of Medicine is pregnant with a college journal.—*The Clinique*.

—Dr. William Tod Helmuth after Oct. 22 at 180 West 59th Street, (The Madrid) from 10 to 12 o'clock M., and at 41 E. 12th St. (Helmuth House) at 2 o'clock P.M.

—A practice averaging \$1200 annually in a town of 350 in Northern Ohio, can be had by purchasing house and lot of present owner. Reasonable terms granted and a thorough introduction. Good German practice, Protestant. Nearest homœopath six miles. Address editor of this journal.

—In Pennsylvania, homœopathic practitioners of medicine minister to fully one-fourth of the entire population of the State, who desire to be under our care or desire homœopathic treatment for themselves and their dear ones. This vast number of citizens are without any representation in the charities of the State, which is indeed a gross outrage upon us and upon our constituency—and the fact that a sect in medicine has controlled the millions of money appropriated from year to year forms an establishment more galling than the church establishment of Great Britain or any other country.—*Hugh Pitcairn, M.D.*, Annual Address.

—A peculiar province of the spleen is to supply the glands of the stomach with the materials requisite for their secretion. Thus malarial poison, by its propensity to impair the function of the splenic texture, tends to materially affect the powers of digestion.

—A story of Sydney Smith, one of the many which never grow old, has it that he was once looking through the hothouse of a lady who was very proud of her flowers, and used, not very accurately, a profusion of botanical names "Madam," said he, "have you the *Septennis psoriasis*?" "No," said she, "I had it last winter and gave it to the Archbishop of Canterbury; it came out beautifully in the spring."

—The *Concordance Repertory* of Dr. W. D. Gentry, Kansas City, is making rapid strides towards completion. A corps of writers is at work copying while the Doctor is really at work writing a new *Materia Medica*—for such is the practical bearing of the immense labor undertaken by Dr. Gentry. We bespeak for his work a hearty co-operation and a generous subscription in order that so excellent a series of *materia medica* helps may not be lost to the profession.

—The Seventh Annual Announcement of the New York Polyclinic and Hospital, a Clinical School for Graduates in Medicine and Surgery, has been received. The class for the session of 1887-8 numbered 337, an increase of 36 over the preceding year. The changes in the Faculty are the appointments of Dr. Henry N. Heinemann, Professor of General Medicine, and Dr. Charles Stedman Bull, Professor of Ophthalmology. The New York Polyclinic Hospital was opened in October.

—A neighboring physician has become so enamoured of the value of Malted Milk that he borrowed what little supply we had until his order from Racine, Wis., could be filled. He avows that he has never seen anything act half so rapidly and energetically in children's bowel troubles as the Malted Milk—his own child having been first to profit by the milk. To which the editor of this journal bears cheerful testimony, having had similar successes, not only in children but in adults. The convenience and portability of the Malted Milk endear it to every mother.

—In January there will be issued from the press of A. L. Chatterton & Co., New York, a new publication entitled *The Journal of Ophthalmology, Otology, and Laryngology*. It will be edited by Geo. S. Norton, M.D., assisted by Chas. Deady, M.D. The editors have undertaken the work with enthusiasm, and are determined to make the Journal of the highest practical value to all interested in the eye, ear, or throat. To accomplish this the immense mass of material found at the N. Y. Ophthalmological Hospital will be fully utilized, in addition to which there will be articles by prominent authorities throughout the country. The journal will be particularly devoted to original articles upon the three specialities. This will probably be the only journal in our school devoted to these subjects, and special attention will be given to the development of homœopathic therapeutics and the clinical verifications of old and new remedies. The publication will appear quarterly, and consist of about 400 pages at \$3.00 per year. Those desiring full sets will do well to advise the publisher at an early date.

—Twice round the chest, directly under the arms, should measure as the whole length of the body, in a well-proportioned male.

—In case of uncertain death, it is proposed to divide the radial artery. If life is not extinct, the blood will run ; if otherwise, the individual is dead.

—Phthisis has been decidedly relieved—when not too far advanced—by the inhalation of the vapor of hydrofluoric acid diluted with twice its volume of water. It is a remarkable bacillicide, and is as powerful an antiseptic as biniodide of mercury.

—In one of his lectures, Prof. Woodbury said that often the best way to treat the persistent sickness of pregnancy was to make some application to the *os uteri*, and inform the husband that it was terribly caustic in its action, and the dressings must on no account be disturbed during the continuation of the treatment.—*Med. World*.

—Dujardin Beaumetz teaches that a meat diet, with milk, beef-tea, wine, and brandy, is suitable for dyspepsia caused by lack of gastric juice ; while a vegetable regimen, with milk but no wine, is adapted to dyspepsia due to over-secretion. Milk, lime-water, and medicinal doses of bicarbonate of soda are advised in gastric ulcer.

—The hypodermic injection of permanganate of potash, two grains to the drachm of water, has been discovered by a Brazilian physician, Dr. Leaoudor, to be an antidote for snake poison. His government has presented him with \$15,000 as a bonus for his discovery. Dr. Gaston of Atlanta, Ga., has used it in this country with success.—*P. & S. Investig.*

—“Many things have been said, and very well, undoubtedly, on the subjection in which we should preserve our bodies to the government of our understanding ; but enough has not been said upon the restraint which our bodily necessities ought to lay on the extravagant sublimities and eccentric roving of our minds. The body, or as some love to call it, our inferior nature, is wiser in its own business more directly, than the mind with all its boasted subtlety.”—*Edmund Burke*.

—It is my experience that medical controversy widens all breaches, is liable to become bigoted, and lo ! Truth veils her face. . . . I am persuaded, gentlemen, that silent Truth, upheld by knowledge, and directed by wisdom, can well-nigh turn the universe upside down ; can topple over the highest pinnacles of accepted thought, and can completely revolutionize and contradict the traditions of centuries,—adamant though they may appear.—*Helmuth's Semi-Annual Address*.

—Common salt is not so liberally employed as a condiment as it deserves. It promotes the formation of blood corpuscles, and helps to preserve them ; assists the solution of fibrine and albumen in the blood itself, and the normal excretion of urea in the urine ; gives a fillip to gastric secretions, and increases mucus ; stimulates digestion and assimilation, and thereby accelerates nutrition. Chloride of sodium is found in abundance in the animal organism, in sea-water, in many mineral springs and marine plants, and in various mineral formations. A teaspoonful of salt, taken dry, is an old-time domestic remedy for hemoptysis and hematemesis.

—The prudent man never buys patent medicines, unless he sees them advertised in a religious paper.—*Tid-Bits*.

—Board and office are offered free to an unmarried homœopathic physician, for medical instruction. Address W. C. LEWIS, Maysville, Colorado.

—A Chicago doctor, who has a practice of \$10,000 a year, reports to the Board of Health on "soar throtes," "dyptheria," and "scarlit fever."—*Detroit Free Press*.

—They say that a petrified man has been found in Minnesota. It is supposed to be the doctor who fell "stone dead" when told that the American Institute would come west next year.—*Med. Era*.

—The following inscription upon a new bridge startled one of the Indiana subscribers of the *Clinical Reporter* recently: "No vehicle drawn by more than one animal is allowed to cross this bridge in opposite directions at the same time."

—Delicate charity was the act of a gruff, taciturn old physician in a Colorado mining town. A poor, aged parson was carefully attended by the irritable doctor. When the preacher had sufficiently recovered to dispense with further medical attention he asked for his bill. "Your bill? Here it is," said the doctor, opening his pocket-book and handing the minister's wife a ten-dollar bill.—*Toledo Commercial*.

—However strong our faith in the internally administered *similimum*, and however rigid our adherence to the single remedy, we all believe in using something besides drugs in treating the sick, and admit the value of such adjuvants as moral influence, climate, environment, ventilation, nourishment, and some others, which we often have occasion to select and prescribe for our patients.—H. G. Hanchett, M.D., in *N. A. J.*

—Fifty years a doctor! Just think of it! That's what the veteran journalist and author, Professor Samuel Lillienthal, now of San Francisco, can say of himself this year, since he received his degree from the Royal University of Munich, in 1828. What a life of usefulness and honor he has lived! The profession can never repay him for what he has done for it in this half-century—his reward must come from on high. May Heaven continue to bless and preserve the good old man!—C. E. Fisher, M.D., in *The So. Jour. Hom.*

—Evidently the inf. compositor is not confined to our own office, as witness his fine Italian hand in the following from an advertising page in our clever contemporary *The So. Jour. of Hom.*:

"Recommended as a highly agreeable aeppe r ueliertde.p-nog ishes and invigorates the tired brain and body, imparts renewto nicren rnd vitality, and always enlivens the functions. and"
Likewise gaze upon this fantastic typographical mosaic from the same hand:

"[X. Y. Z. * * * *], M.D., Professor of Necrology."
And why shouldn't there be a Professor of Necrology? True, some there be in our profession who might object to the title; but isn't there considerable truth mixed up with the *faux pas*?

—Men talk of the science of medicine as though there could be a science for curing sick people by the use of means that make well people sick. It is absurd on its face.—*Laws of Health*. Another good man gone wrong !

—Something heroic, if one will but see it so, is in the very warp and woof of the physician's every-day existence. More than any other but the priest's, his life is at the daily call of his fellows. He may know that the nervous strain which in moments of stress robs him of food and sleep will revenge itself to his bitter cost, sooner or later ; but it never occurs to him to put such strain aside. He may know that the case on which he is spending hours of his deepest thought and subtlest skill will never make him a dollar richer ; but this knowledge, which would weigh so heavily with the tradesman, is to him a thing of naught.—*N. E. Med. Gaz.*

—We have waited with some curiosity for a few lines from our stanch anti-tobacco advocate—*The Medical Advance*—on that peculiar experience related in the daily press, of a well-digger at Omaha, who while temporarily buried under a fallen well wall, sustained life for six days on a plug of tobacco and the moisture trickling down the walls of his prison. When eventually released he was none the worse for his confinement. Is there any moral to this tale ? Or do the morals all appertain to the other side of the case ? What shall we do with those "awful" smokers, Hahnemann and Bönninghausen ? Whatever else they did in homœopathic fashion, the *simplex minimum* did not apply to tobacco.

—The public prints so frequently call the attention to and advise the use of disinfectants that are extremely poisonous and dangerous even in the hands of experts, the following from the pen of Pemberton Dudley, M.D., Professor of Hygiene in the Hahnemann Medical College of Philadelphia, and Member of the State Board of Health of Pennsylvania, is more than usual interest. "An important consideration to be kept in view in prescribing a disinfectant for general household use, is to select one which is free from danger, even in inexperienced hands. Among those that can be depended for such use are pre-eminently the chloride of lime solutions, and the well-known Platt's Chlorides. The latter has the advantage of being always ready for use with full directions for its various applications. It can also be said of it, that its efficiency is thoroughly established."

—Says Dr. J. F. Vigor (Pomona, Kans.) in *Medical World*: July 23, 1887, 9 P.M., I was called, one mile out, to see Mary Kelly, aged 12 years. Found her suffering greatly from pain in left foot, which, with the ankle, was considerably swollen, and on external surface were two points about three-fourths of an inch apart that had blood drawn, showing where the bite had been made. I immediately diluted alcohol, and gave her a couple of ounces every few minutes, until she was drunk. Then a dose every two hours for a few doses. As a local application I applied compresses of a solution of permanganate potassium. She was well and hearty in forty-eight hours. I saw the dead snake, killed while I was at the house. It was in a bed, rolled up in a tent near the house.

—In breech labors, the best thing is to let nature quite alone until the breech is born—indeed, “*masterly inactivity*” should be the watchword of the accoucheur. After the breech is delivered, then it is the business of the obstetrice to deliver the arms and head as soon as possible. One other point is always to be looked to from the first, and that is to preserve the bag of waters as long as possible, and this will materially lessen the dangers to the child, as well as assist in dilating the soft parts of the mother, and render the labor easier for her.—*T. G. Comstock, M.D., in Clinical Rep.*

—J. A. McGill, M.D. (South Bend, Ind.) writes to the AMERICAN HOMŒOPATHIST correcting the impression that his Orange Blossom is a quack nostrum and that he himself is unworthy of credence. A careful review of the Institute proceedings, as published in this journal, would hardly justify either construction to be placed as suggested. Still not to be behind-hand in undoing any wrong, however innocently done, we take pleasure in saying that Dr. McGill is a graduate of the Cleveland Homœopathic Hospital College, 1874; that he has made a specialty of gynecology, and that in his travels abroad united with his studies and experimentations he has, as he firmly believes, discovered the infallible remedy which was spoken of in the gynecological bureau of the Institute, and that a fair trial be given before condemnation is adjudged.

—In a letter to John E. Reubsam, Esq., Dr. Elias Wildman, of Yandley, Pa., pays a high compliment to the efficacy of the Muscle Beaters in the treatment of various diseases, among which he enumerates cardiac dilatation and gastro-intestinal catarrh (his own case), flatulency, sleeplessness, impaired digestion, fatty deposits, and general failure of the circulation, with its attendant coldness of extremities. “I have no faith in the idea of magnetic force transmitted through the hands, since I used the Muscle Beaters. I find the same, if not better, results obtained than those so often attributed to magnetism.” He records the usual experience of patients disgusted with the swallowing of much medicine, and their gratification with the substitution of the Muscle Beaters.

—Messrs. Gross & Delbridge, the well-known publishers of Chicago, announce the publication at an early day of a Text-Book of Gynecology, by Prof. A. C. Cowperthwaite, which is designed for the student as well as the general practitioner. In cloth, the work will cost \$5; sheep, \$6. Is there a homœopathic physician in America, nay, anywhere, who needs an introduction to Prof. Cowperthwaite's works? We do not think so. He is known everywhere as a painstaking, liberal, fair-minded homœopath and student. We look with interest, therefore, for the appearance of his new text-book, concerning which the publishers say: “This work is the outgrowth of a need felt by the author, as a teacher of gynecology, for a reliable and systematic text-book upon that subject, which should include the homœopathic treatment of gynecological diseases. The same need has been felt by the profession, and especially by students, who have been obliged to depend largely upon old-school text-books. The present work is designed to obviate this necessity in the future, and to furnish the student and general practitioner with a complete and systematic treatise upon the diseases peculiar to women, including their homœopathic therapeutics.”

—The card of a popular Michigan sanitarium announces that “guests eat, sleep, and *are treated* in the same building.” This will attract visitors of a convivial turn.

—Mr Lawson Tait is credited with having said at a recent meeting of the British Gynecological Society that the ovaries had no more to do with the sexual appetite than the front teeth.

—A postmaster, who is an M.D., while placing a “postal delivery stamp” upon a letter, “wondered if it would not be a good idea to place one of those ‘stamps’ upon the abdomen of a woman during labor, to *hasten* ‘delivery.’”

—A good therapeutical maxim is this: Anything on earth or within the earth, anything in the vast resources of nature that will cure the patient, and that one in particular which, while curing him, will do him the least harm.—*Med. World.*

—Mrs. Joseph Cantara, wife of a section hand in the weaving-room of the York corporation, and living near Biddeford, Me., was delivered of a child, at full term, having a perfectly formed body and *two* heads. It lived but fifteen minutes.—*Med. Brief.*

—H. A. Wales (Bridgeport, Conn.) has invented the Sound Disc for deafness, which, from meager experiments thus far made, promises to outrank everything of the kind, the principle being a concentration of the sound waves on the patented drumhead.

—Paraphymosis may be easily reduced, it is said, by winding common twine firmly around the organ, from the extremity backwards up to the middle of the member. In a few minutes, on removal of the twine, reduction can be quite easily effected by ordinary manipulation.

—NITRO-GLYCERINE IN COLLAPSE.—Prepare at once a one per cent. solution of nitro-glycerine and carry it in your case. In case of collapse from heart failure, drowning, poisoning or other causes, inject from three to ten minims hypodermically. You will probably call it the physician's best friend in emergencies.

—Fempe recommends the placing in the mouth of a fragment of myrrh if one finds himself in an infected atmosphere, and he has employed this means with happy results in several epidemics. He considers myrrh to be a specific against contagion. Physicians in the East use this means constantly in visiting patients.—*Pharm. Post. et Bolletino Farm.*

—This same midwife, in a short time, sent for me again in a case where she could not remove the placenta. She met me at the edge of the yard and asked if I had my chloroform and knives, that I would have to dissect away the afterbirth; that she was preparing a case-knife for the purpose, if I had been delayed much longer. Said she, “I have done all that can be done without operating. Had her thumbs tied together over a pole; been pulling at the cord while she was blowing into a bottle, and have had her in all positions, and I know the after-birth can not be removed in the usual way.—*R. S. Martin, M.D., in Med. Brief.*

OH-DON'T-LOGY.

—Don't be an apothecary doctor.

—Don't poke fun at the high potencies until you have tried them.

—Don't wait for the appearance of milk fever before taking active measures.

—Don't betray your crass ignorance by speaking of a German as a Dutchman.

—Don't condemn a book, any more than you would a man, without a fair hearing.

—Don't hit too hard, but a smart blow on the abdomen is said to arrest an attack of hysteria.

—Don't let pruritus pudendi worry you when the application of peppermint water will often relieve.

—Don't, Messrs. Professors, suffer your personal likes or dislikes to influence your conduct to students.

—Don't refuse to visit a brother physician's child because there is no money in it, or he fails to send a carriage.

—Don't propose a favorable termination in scarlet fever when purpuric spots make their appearance *ad interim*.

—Don't neglect to elevate the foot of the bed in post-partum hemorrhage where patient is almost exsanguinated.

—Don't overlook the fact that migraine frequently attacks those who read studiously while digesting their food.

—Don't you feel proud of the New York State Society? Its last semi-annual gave the potency stickler a severe black eye.

—Don't imagine that permanganate of potash is good for everything; its use hypodermically is claimed as specific for snake bite.

—Don't permit your instruments to rust when an immersion in a solution of carbonate of potash for a few minutes will save them.

—Don't do it again, H. M. P. You won't live long enough to do the high potencies any hurt. They have come to stay. Be wise in time.

—Don't know but this is eclecticism; however rhus poisoning is said to yield quickly to the local application of fluid extract of grindelia robusta.

—Don't assume that every physician who practices differently from you is a fool or a knave. The alligator was content to be regarded a log until they tried to sit on him.

—Don't forget that the clothing of patients suffering from scarlet fever, folded up and put away in drawers without disinfection, can retain their dangerous properties for years.

—Don't repeat the old threadbare lectures. Say something new; be what you profess, a teacher, not a machine wound up by some other hand, as was the Spanish Queen's automaton.

—Don't give it up. It was the printer who constructed the cimi-few-ga—cumi-siff-go philology. What we wrote was:

—Don't say cimi-ci-few-ga: Say cimi-siff-gi.

THE
AMERICAN HOMŒOPATHIST.

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FRANK KRAFT, M.D., EDITOR.

THE every-day life of the practising physician is so filled with the petulance and querulousness of his patients, his ear is so constantly shot through with the complaints of the sick and soul-smitten, that the ripples of laughter but rarely play over his ensabled visage. So engrossed does he become with the responsibilities and cares of his profession that in many instances he drifts away from the literature of his school—from sheer lack of time—and if this be true of the periodicals of his own school, a necessary corollary would be that literature of other schools is likewise neglected. As the instant month is one including within its compass the happiest and merriest season of all the year, how better can we prove ourselves worthy subjects of the ruling kings—Momus and Santa Claus—than by ignoring the clashing of arms within our ranks, giving surcease to the almost interminable bickerings of the high and the low, the dynamic and the tincture, and in lieu furnish forth a feast of fun that will delight the homœopath, warm the cockles of his heart like the rare vintage of the “Marble Faun,” and drown out for the nonce the cry of pain which sits forever at his board. So we take up the *Medical Register*, a journal of *l'ecole antique*, and find there occasion for unrestrained hilarity. This journal has given the reading world a number of miraculous adventures of certain of its patrons, so wonderful indeed that Editor Shoemaker's literary essays are becoming gradually to be discredited, and quoted simply as instances of tall-tale-telling. Of course a medical journal has naught to do with politics or matters other than those pertaining strictly to its field—though a recent exchange gave considerable space to a base-ball record—but when all the rest of mankind is engaged in the heated conflict of a political campaign and refuses to write up its medical experiences and thus help out the editor, it behooves the journalistic medico to turn loose his exuberant imagination and fill his pages with miraculous stories like leaves from “Fox' Book of Martyrs,” or conjure effects from the antiquated lore of a past and almost forgotten time when the homœopathic doctrines were but newly promulgated and it was the fad of the day to belittle its tenets and work. Thus it happens that Editor Shoemaker fills three or more of his pages with a pretended letter—for no sane man, one not worm-eaten with ignorance and conceit, would dream in this day of enlightenment of making so egregious an ass of himself—which bears the felicitous yellow-back-dime-novel title of a “Fatal Adventure with a Homœopath.” Aside from its crass ignorance on matters of homœopathy, it is not even a fair piece of English literature, by no means equaling Dr. Shoemaker's other stories of the Severed Lock of Hair which grew two feet after the death of its owner, or of the Birth of a Monster with Hide, Hoofs, Horn and Tail intact; it is, in fact, an exceed-

ingly crude effort and ought not to have had place in the *Register*; but, as already intimated, this has been an exceedingly "dry" summer for medical papers of value; so a mystical personage is evolved, who goes through the motions of a severe indignation, with Dr. Shoemaker pulling the string. The AMERICAN HOMEOPATHIST has also experienced this same dearth of good reading matter, but, nevertheless, has not felt the need of imposing on its readers *à la* the *Register*; but if it had found itself necessitated to paste-pot its pages it would have borrowed a little of the livery of heaven in order therewith to lend some semblance of veracity to its lucubrations; but this mythical ass lacks even in the minor essentials; he violates the proprieties of life and unities of story-telling as well as smirching the ermine of truth. As a species of light reading for the Christmas holidays—when burlesque and pantomime are in the ascendant—we extract such portions from the Original Communication of John Stolz *née* Shoemaker as are new to our readers, and comment thereon with another mythical narrative in the "deadly" parallel column.

FATAL ADVENTURE WITH A HOMEOPATH.

BY JOHN STOLZ, M.D.,

JACKSON, MICH.

The family history, both on my mother and father's side of the house, for something over five hundred years back, shows that nearly all of my ancestry reached the centenarian age. Longevity, then, may be said to be hereditary with us. My grandfather, on the father's side, was one hundred and six. My own father reached his eighty-sixth year last March, and up to July he was strong both in mind and body. He never was what you might call down sick a day in his life; had, therefore, yet a vigorous constitution, all the sense organs normal, no chronic or organic disease of any sort, mind clear, and especially his memory was extra good to the last; for many years a retired farmer, residing near the National Soldiers' Home, Dayton, Ohio. During last winter and spring he ate at a table with workmen, and of course the kind of food he was obliged to eat was too hearty for a man of his age.

FEARFUL ADVENTURE WITH A HANSWURST.

BY IOHANNES PRIDE, D. PH.L.,

BITTER CREEK, U. S.

MY family history both on MY father's and mother's side of the house, for something over six thousand years, shows that all of MY ancestry are lineal descendants of Adam, and usually reached the centenarian age. I may refer briefly to such gentlemen as Noah, Moses, Methuselah, Solomon and their several descendants, whose blood I am more than assured runs through MY veins. MY own and only father reached his eighty-sixth year last March, and up to July he was strong both in mind and body. He was never what you might call down sick a day in his life, though I sadly contradict MY statement a little later on by saying that MY own and only father had for about two years been subject to rheumatism. MY father's memory was especially good to the last; he had a vigorous constitution, all the sense organs normal, no chronic or organic disease of any sort and mind clear; but somehow or other MY narrative doesn't hold water in this respect, for ere long and frequently I impute to MY dead father failings that could only have found place in an utterly depraved mental and physical body, one from which I inherit all MY qualifications. MY father was for many years a retired farmer, residing near the National Soldiers' Home, Dayton, Ohio. This will give MY story a little semblance of truth, for there is such an institution there. Of course I have MY point to make against Homeopathy and I will sacrifice MY father and all his relatives, Artemus Ward like, to do this. Now that the election is over it will do me no polit-

On July 4, last, and on several banquet occasions, he partook rather freely of the good things of this earth. Never drank spirituous liquors; still, the fatal sickness was doubtless brought on by improper feeding. He was of German nationality, and landed in this country in 1831. I should add here, that for about two years he was subject to slight attacks of muscular rheumatism, but this was never so severe that he thought it necessary to have medical treatment for it.

I make this preliminary statement for obvious reasons, as it will be seen further on; for, had he been properly treated he would have recovered, and might have lived many years yet, and finally died a natural death. Death resulting from disease, mechanical or accidental causes, may be said to be death by violence. Intelligent people now look on death from a philosophical point, that it is a final change or process as much in accord with nature's law as the one that gave us birth. The mission of the physician is to relieve the suffering, to assist nature in her efforts to throw off disease, to restore, if possible, the patient to health and life. When natural death takes place the machine has run down. The physician now is simply a spectator with the rest; his mission is at an end.

ical harm to admit that during last winter and spring MY father ate at a table with workingmen and of course the kind of food he was obliged to eat was too hearty for a man of his age. That word "obliged" doesn't sit well; it makes it look as if his son had neglected the old gentleman.

Unmindful of any filial claims which MY father has on me, in order to more fully squelch the homeopath, I will say that on July 4, last, and on several banquet occasions, MY father partook rather freely of the good things of this earth. That of course implies, in the first place, that on state occasions he was not obliged to eat with workingmen, but was permitted to fill himself full. Unfortunately, however, it implies that with all his sense organs intact, memory particularly clear to the last and no chronic or organic disease, except rheumatism, he hadn't sense enough to know when he had enough. This is MY father. But, pray mark you he never drank spirituous liquors, although of German nationality and landed in this country in 1831, and he never smoked, chewed, played hookey, lied or wiped his nose on his sleeve. When MY father partook rather freely of the good things of this earth, he did so with his eyes wide open, mouth and stomach ditto, and all his sense organs intact. Still the fatal sickness was doubtless brought on by improper feeding. And I am now lashing MY sides into a blue sweat with MY tail like the King of Beasts, because a homeopath failed to cure a "fatal" sickness brought on by gormandizing. I find it so imperatively necessary to pose as a complaisant ass—villifying MY own and only father—that in order to get a whack at my enemy I accuse him of inability to cure a "fatal" sickness.

I make this MY preliminary statement for the obvious reason that had MY father, who never drank spirituous liquors, but ate with workingmen and on banquet occasions was permitted to fill up, had he been properly treated, as I am fully capable of doing, he would have recovered from the "fatal" sickness doubtlessly brought on by improper feeding, and might have lived many years yet (skipping the banquet occasions), and not died yet at all already till some fatal sickness more fatal than the former fatal sickness induced by gluttony should have laid him by the heels on the grassy plains of Marathon. MY ideas on psychology, physiology and philosophy are not new, but they ought to go in at this point to show why Harrison was elected, and why a dead man ceases to live, in the hope that MY asinine proclivities may not be too prominent.

On July 14, I was informed by telegram, for up in Michigan, that my father was dying and I must come immediately. Sunday intervening, trains late, and other circumstances which I could not control, delayed me over two days. On my arrival I was confronted by a huge prayer-meeting in the sick room, my father being a member of the German Reformed Church. I heard loud speaking as I approached the house, and I was sure that they were preaching my father's funeral sermon, but they were praying for his soul and that the Lord might relieve his pain and suffering.

From his appearance, I could see at once that he was not dying. I went near to him immediately on entering the room, working my way through the crowd the best way I could. I took him by the hand. He looked up, recognized me, and said in a whisper: "Oh, John! I am trying to die; but I can't, it is so hard." The praying machine had exhausted the vocabulary of the German language and was about to tackle the English, but soon came to the "so mote it be," when I began to clear the room.

I was now told that they had their family physician—a Mr. Laws, a homœopathist—and "all was being done that could be done; but the 'doctor' had no hopes of father's recovery, for the sands of life had run out, and that there was nothing to build on." Think of a homœopathist building up a constitution! A bold absurdity.

It was apparent to any one that the patient was suffering intensely. Finally, I was permitted to examine my father's case, which I did rather thoroughly. The following conditions were prominent and more or less complicated: It was a case of gastro-enteritis; the secretions locked up, mesenteric engorgement, lymphatic plethora, sluggish portal circulation, pylorus and duodenal irritation especially severe, almost all alvine action arrested, with constant and, at intervals, excruciating pain. There was an impacted colon, for there had not been a

I received word that MY father was dying with a fatal sickness doubtlessly brought on by improper feeding and I must come immediately. In order to carry out the unities of my inflated self opinionated character, I turn MY mud batteries on the German Reformed Church, as I do on everything else, not excepting the bones of MY dead father.

I knew at once that MY father was not dying, although smitten with a fatal sickness. I took him by the hand. That's the way the Divine Master always did. And straightway MY own and only father with all his sense organs intact, memory clear to the last and suffering from improper feeding, recognized me, took MY hand, and called me Hannes. The praying machine went on praying.

I was now told that they had their family physician—a Mr. Lawes, a homœopathist—. Now, isn't that a bitter pill? This fellow may be doctor, probably is a graduate with more brains in his little toe than I have in MY addled pate; *n'importe*; but because he practises homœopathy, and according to MY own statement heretofore, and hereafter, made, was a gentleman throughout, I must lay aside every attribute of fairness that governs in debate, as well as such few remnants of gentlemanhood as a long cohabitation in the incestuous sheets of allopathy has not worn off, deprive him of his title, and belittle his offices in every fashion known to the police court shyster. That's how allopathy treats heresy. He said there was nothing to build on. Think of a homœopathist building up a constitution for a man 86 years old, stricken with a fatal sickness doubtlessly brought on by improper feeding! A bold absurdity.

Here is what was the matter with MY gluttonous old father, 86 years old, stricken with a fatal sickness doubtlessly brought on by improper feeding. [To the *Editor*: Please make this as strong as possible. MY pathological knowledge is somewhat rusty and MY library embraces so few books—as I am a practising doctor, not a book doctor—that I must ask you to turn your foreman loose on one or two pages of Virchow's *Cellular Pathology* and a few abstruse paragraphs from Koch. It will not matter what subject is chosen, as the homœopaths won't

motion from the bowels for nearly six days; great thirst, for the ferment was simply enormous; rapid disintegration of mucous tissue. The microbes, bacillus, amylobacta, butyric acid, and oidium albicans were generating by the millions every minute; and with all this there was nothing done for the patient. Urine scanty, with a disposition to void it frequently. This was largely aggravated by the impacted and hardened feces in the rectum. These being the conditions of the alimentary canal, we would naturally look for nervous and other complications. Atony of the nervous system was a marked feature, especially of the pneumogastric. Insomnia, restlessness, frequent shifting, surface clammy, temperature $87\frac{2}{3}^{\circ}$, labored heart action, which caused dyspnoea, for there was no lung complication. At regular recurring paroxysms there was severe pain over the region of the heart, the patient gasping for breath in the most distressing manner, groaning, writhing, begging for help. The pericardialgia was doubtless of a rheumatic order. The pulse ranged from 60-90, sometimes intermitting, and during the most severe paroxysm wiry, then again almost normal. Tongue heavily coated, brownish-yellow in the middle and dorsum, tip and edges red, and a bitter taste in the mouth; breath terribly fetid, so much so that it was sickening to come near him; some œdema of the lower extremities. The urine was not analyzed. There was, withal, considerable of an appetite, and he was allowed, by the "doc" in charge of the case, anything and all he wanted to eat or drink. Catawba wine was used to stimulate.

I have now given, in brief, the condition I found my father in, and any educated physician will at once prognosticate the case as a dangerous one. Yes, and what made matters still worse, he was in the hands of a homœopathist, who passed as a physician with the family. One who is properly informed regarding homœopathic practice would just as soon expect to shoot, safely, the rapids of the Niagara in a gourd as to pull through, under homœopathic management, under circumstances as above described, or when afflicted with any other dangerous disease.

There are sometimes conditions one may get into where "ignorance is bliss," but to be wise would be an advantage, and here we have such a case. To one who has understanding, the suspense would seem like an incubus in the dark. The prisoner in solitary confinement, deprived of all hope of freedom, or even a momen-

understand it any way, and MY own brethren won't "kick." I simply throw out the respectful suggestion that you make it solid with microbes, amylobacta, butyric acid, oidium albicans and such high-sounding terms.—I. P.]

That is what ail-ded him, in a nutshell. Any educated physician, like myself, will at once prognosticate the case as a dangerous one, though "from his appearance I could see at once that he was not dying," although stricken with a "fatal sickness." Yes, and what made matters worse, infinitely worse, he was in the hands of a homœopathist, who expressed a candid inability to cure him of his fatal sickness. If any other, o'd school doctor, however ignorant or incompetent, had done the very things criticised in the homœopath I should never have opened my head. But a homœopath! Pough! An ounce of civet, please. Crucify him!

There are sometimes, though not always, and yet pretty frequently, conditions where "ignorance is bliss," but to be wise would be an advantage, and here we have such a case (I got that out of one of MY old copybooks). To one who has understanding, the suspense would seem like an incubus in the dark. The connection be-

tary break in the slow, monotonous march of time, cannot suffer more; or, perchance, the culprit condemned to death, whose hopes have vanished. A homeöopathist, like a watchman on a prison wall, promises liberty to the imprisoned—a function not in his possession. Thirty years ago I studied medicine and began the practice. The younger of the family gave themselves to money-making. My father with the rest, and like a large majority of mankind, neglected the study even of the most ordinary branches of popular physiology, and other branches of the laws of health and nature. My father, making the run of nearly a century, finally was compelled to take the compound potion, viz. ;

Homeöopathy, two parts.

Mind cure and Christian science cure, of each one part.

Prayer cure and superstition, of each one part.

The whole to be mixed well together and taken *ad libitum*, in a menstruum of compound elixir of credulity.

My feelings, as well as the result, can easily be imagined. It is said that "a prophet is not without honor, save in his own country." I keenly realized the truth of this old apothegm. I ventured a suggestion. I said a mild liquid physic was indicated to be helped by enema. Imagine my surprise when the "Doc," so called for short by the family, objected, and said that, "if the machine is in good order, the clock will run."

tween ignorance, wisdom, understanding, suspense and incubus does not seem very strong. Let's see what incubus means. It sounds prettily. Worcester says: "The incubus is an inflation of the membranes of the stomach, which hinders the motion of the diaphragm, lungs, and pulse, with a sense of weight oppressing the breast." I should think anyone would dread to meet an incubus in the dark. The prisoner in solitary confinement—(this typifies MY gluttonous old father eating with the work ingmen)—deprived of all hope of freedom, or even a momentary break in the slow, monotonous march of time, cannot suffer more. More of what? of break, or time? or an incubus in dark suspense? Or perchance, the culprit condemned to a fatal death, whose hopes have vanished. What else could they do but vanish when they are filled with microbes, bacillus, amylobacta, butyric acid, and oidium albicans? A homeöopathist, like a watchman on a prison wall, promises liberty to the imprisoned. Well, hardly. The unties—time, place, and action—are a little awry. Of course no watchman of the present day balances his unwieldy avoirdupois on a prison wall, unless asleep—which I do not wish to insinuate of watchmen—or on top of a wall surrounding the jail. Even this is far-fetched; but sposen he did, or was permitted to do so, he would have sense enough to know that his business is not the promising of liberty to the imprisoned, but rather the close custody of the culprit lest he gain his liberty. But these are matters of groveling details with which a soaring mind has no concern. Thirty years ago I studied medicine and began to practice. The younger of the family gave themselves to money-making. I didn't. I recognized the paltriness of money-getting, and instead bestrode Pegasus and struck out for the literary chapel. I haven't got it yet already, but this present effort will surely bring the laurel. My father with the rest, and like a large majority of mankind, neglected the study even of the most ordinary branches of popular physiology, and other branches of the laws of health and nature; yet MY father never was what you might call down sick a day in his life, except two years of rheumatism; he had a vigorous constitution, all the sense organs normal, no chronic or organic disease of any sort, mind clear, and especially his memory was extra good to the last; still, if he had only taken MY sapient counsel and studied physiology he might not have been obliged to eat with workmen, and might still partake of several banquet occasions near the National Soldiers' Home, Dayton, Ohio; if the suspense of an in-

Clandestinely, I gave a mild liquid physic, and the patient wanted it; anything, he said, to relieve his sufferings. I gave a dose of the following formula, and I usually keep this on hand for emergencies. It is sure, mild, antiseptic, and does not gripe, and in all ordinary cases acts well on the liver:

R.—Fl. ext. *rhannus turshiana*..... ʒ
 .. *euonymus atropurpureus*..... ʒss.
 .. *iris versicolor* ʒj.
 .. *cassia acutifolia* (turf)..... ʒss.
 .. *pulvis aromaticus*, U. S. P..... ʒ.
 .. *hyoscyamus nigre* (leaves)..... ʒ v.
 Sulphite of soda pulv..... ʒ ij-M

Sig.—Two to four teaspoonfuls as a brisk physic. One teaspoonful will act as a laxative. In irritable stomachs it should be given with thick gum-acacia water. When there is an impacted colon an enema should always be given; or any physic may cause distress to work through hardened fecal accumulation.

I gave our patient three teaspoonfuls—one dose. In something over two hours several free alvine evacuations took place. This gave such great relief that an hour's sound sleep, the first in over a week, was so refreshing that the patient sat up and partook of light nourishment. The fetid breath subsided and that distressed dyspnoea also disappeared. With this treatment, and especially following the cathartic, any good physician would have prescribed at least a few doses of quinine, but the secret was out, and this gave great offence to "Doc," the fellow who was playing physician. He objected to the quinine on the ground "he never saw any good done by quinine." This settled it with the family. The patient also had been made to believe that quinine "settled in one's bones," and feeling so much easier he would not take it. Reaction was now certain.

I asked the pill peddler of infinitesimals: "What do you give as a hypnotic? Do you ever try to control hyperæsthesia of the nervous system? What do you give as a heart sedative, or how do you sustain

cubus in the dark had not brought on a fatal sickness, while he was pre-sing brick as a watchman on the prison walls promising freedom to the culprit caged. My father, making the run of nearly a century, despite his clear mind, vigorous constitution, excellent memory, finally was compelled to take the compound potion, namely to wit:

My insufferable conceit, 88 parts.
 Bluster and Brag of each, 5 parts.
 Lack of filial respect, 2 parts.

The whole to be mixed well together and forced *volens volens* down the old gentleman's throat, or that avenue failing then to be used as an injection.

Clandestinely I gave a mild liquid physic, mild with a big M. I gave a dose of the following formula, and I usually keep this on hand for patients 86 years old, stricken with a fatal sickness. It is sure, mild, antiseptic, and does not gripe, and acts well on the liver:

R.—Fillet of a fenny snake
 In the caldron boil and bake;
 Eye of newt, and toe of frog,
 Wool of bat, and tongue of dog,
 Adder's fork, and blind-worm's sting,
 Lizard's leg, and owl's wing,
 Scale of dragon, tooth of wolf,
 Witch's mummy; maw and gulf,
 Of the ravin'd salt-sea shark;
 Root of hemlock, digg'd i' the dark,
 Liver of blaspheming Jew,
 Gall of goat, and slips of yew,
 Silver'd in the moon's eclipse,
 Nose of Turk, and Tartar's lips;
 Finger of birth-strangled babe
 Ditch-delivered by a drab.—M.

Sig.—Make the gruel thick and slab: add thereto a tiger's chaudron; cool it with a baboon's blood, then the mess is firm and good.

I gave MY own and only father one dose. The fetid breath subsided. He died. Not just yet, of course, for his fatal sickness had not yet proved fatal, but it will before I get through with MY performance. It would have been such a peculiar omission in the practice of an Old School physician not to prescribe quinine for any and every thing to which he is called, whether it be microbes, bacillus, amylobacta, butyric acid or oidium albicans, that I hasten to run that in on the "Doc," knowing full well as I did that a homœopath uses no quinine, but cures his chills and fevers with a couple of hundred milder remedies, and hence I was safe in springing the straw-man-racket on him.

I asked an skilful workman: "What do you give as a solution of the 47th problem of Euclid? Do you ever try to rival Paul Rubens or Rembrandt in their more finished pictures? What

heart action when it is running low, and have you any use for antiseptics, tonics, or alteratives?" This "broke him all up," he absolutely wilted. Turning to the nurse, he asked for two tumblers full of fresh water. In the one he put a sprinkle of strychnia previously triturated with sugar of milk, the third potency, he said. In the other tumbler he put a speck of triturated arsenicum of the thirtieth potency. To be given teaspoonful doses of the water in the tumblers, alternating every hour. I asked why he gave these medicines; he called it giving medicine. He said the strychnine sustained the heart centres and the arsenicum acted as an alterative. The day before he gave nux in one tumbler of water, and *abracadabra* in another. This was the kind of treatment my father received, who was dangerously ill. Once or twice more I succeeded in giving a dose of sulphite of soda with aqua mentha pip, and occasionally Bass' pale ale; and but for the slight help I was enabled to give, against all opposition, he would have died a week sooner. Certainly, all this was insufficient to save life. The feeding even was in direct violation of well known dietetic rules. I urged mucilaginous drinks in place of simply cold water, and so far as this was obeyed the patient was benefited. But the monstrosity playing "Doctor" said that "cold water was good enough for the well, and it was good enough for the sick"; intimating also that the regular physician does not know the value of water, or the invaluable benefit of mucilaginous drinks in irritable and inflamed mucous surfaces of the alimentary canal. To allow a very sick person to eat anything that memory and former habits may suggest to the sense of taste, is directly in opposition to all known laws of cure, especially in a case of the kind we have under consideration. However, the family had been made to believe that nature never demands anything that is wrong. This may be so, but it should be remembered that nature never makes the demands when disease has the control.

I am certain had I had the entire management of this case, at least if I could have began when the homœopathist first took my father's case under treatment, he would have recovered, or under the management of any properly educated physician—one who is up on the use of the microscope, and the best known anti-

would you do in the case of a compound, comminuted fracture of the os-tium vaginum. How do you sustain the cold when necessary friction has lacerated the seat of your knickerbockers?" This "broke him all up," for being in a business which did not require his being versed in the things asked of him he absolutely wilted. This is not so far-fetched as it might seem. Any honest allopath—and there are a great many, myself included—know that the basis of examination of a patient is as different from the old school as the sun is from the moon; both examinations tend to the same ultimate end, as the sun and moon both give light; but the foundation of the practice, as I later on in an unguarded moment admit, is the exact opposite of our school; so that my questions, asked in this dramatic, bombastic style, amount to nothing whatsoever, and are only interpolated to show my erudition, and to create among my patients, who will read the reprints, an impression of my wonderful astuteness. Of course I give myself dead away as a falsifier when I say he said the strychnine sustained the heart centres and the arsenicum acted as an alterative; for the veriest tyro in homœopathy knows that homœopathy has no alteratives, and does not try to sustain heart centres; that its sole and only basis for prescribing its medicines is the symptoms presented; and no one but a wilful villifier of the new school could have made such a laughable blunder. The *abracadabra* idea flashed on my muddled intellect all in one instant. It would typify my idea of nothingness. However let's see what the word means: "A cabalistic word written triangularly, formerly worn about the neck as a charm against ague." That's good. Fits exactly. For no one will think back for an instant and remember that it was MY school of medicine which made use of this potent charm against ague, and not the homœopath. I here also think I ought to say a lot of stuff about diet, and I think I will copy a page or two from Fothergill. It will give me further opportunity of making the main point of this article, which is to show what a consequential personage I am, and that I ought to have a call to some town whose chief and absorbing industry is not the State Penitentiary.

I am certain that if I could have smuggled in a dozen or two more of drugs into MY father's fast dissolving physical fabric, or a gallon or two of Bass' pale ale, with other doses of sulphite of soda, I could have began to see why MY father's fatal sickness doubtlessly brought on by improper feeding, should have terminated sooner in

septic treatment. I never think of losing cases of this kind.

fatal death. Under the management of myself or some other properly-educated physician who had not neglected the study even of the most ordinary branches of physiology, and other branches of the laws of health and nature, he would doubtlessly have recovered from his fatal sickness. By the use of the microscope, I could have examined the lining membrane of the stomach and intestines and told in sesquipedalian nomenclature of what he had fatally died, though of course neither that knowledge nor the best known antiseptic treatment would then have proved of avail. I never think of losing a case of fatal sickness, doubtlessly brought on by improper feeding, not at workmen's tables, but on banquet occasions; especially not when the patient is my own and only father, 86 years old, descended from his grandfather on his father's side, a whilom resident near the National Soldiers' Home at Dayton, Ohio, though painfully ignorant of physiology, and notwithstanding his vigorous constitution, normal sense organs and absence of chronic or organic disease.

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THIS is all there is to the Fatal Adventure with a Homœopath, though Dr. Shoemaker adds another page and a half from the same apocryphal iconoclast, in which he "discusses" the theory and principles of Homœopathy with the usual result obtained by a narrow-souled, hare-brained allopath, who willfully declines to understand the tenets of Homœopathy, but takes his inspiration from writers of his own ignoble type. The London set-to between Lord Grimthorpe and the "R.B.C.s" of the old school has apparently never been heard of by Dr. Shoemaker and his factotum; it is so convenient not to hear of disagreeable things. But for all that the fiat has gone forth, that *The Times*, the Englishman's mouthpiece, has been compelled to concede the justice of the Homœopathic argument, and in its closing editorial has plainly awarded the palm of victory to Homœopathy. If this be possible in conservative, allopathic England, what can allopathy expect in freedom-loving America? The silly fling at the chairs taught in our colleges but shows the determined blindness of this microcephalic allopath. There is not to-day in the United States a homœopathic college that does not require an examination of its graduates on Chemistry, Anatomy, Physiology, Microscopy, Pathology, and the Mechanism of Labor, as well as the many other essentials of a thorough medical training. The individual ideas of Professors Hale, Phelan, and Richardson, or any other professor or teacher, have nothing to do with the value of Homœopathy, and Stolz is no more justified in judging of the truth or falsity of *similia similibus curantur* by what these men may say, than we would be justified in condemning the splendid records of the Old School in the centuries that are past because so unconscionable a personage as Stolz is a present member of it. To persistently ignore the incontrovertible statistics of public institutions where both systems are in vogue, and are, as they are, invariably in favor of Homœopathy, is one of the tricks of practitioners of the Stolz

stripe, and is equalled only by that other blindness which refuses to see that our numbers are increasing year by year; that our journals are numerous and sustained by the best of literary work; that our hospitals and dispensaries are making sad and irreparable havoc in Old School practice; that instead of being the recipient only of the poor patronage and of the ignorant and debased, our patrons are found in the highest offices in the land from the Chief Justice down; our system is recognized and employed on the finest boulevards and avenues of every city, on the principal thoroughfares in every village and hamlet; and is become the popular treatment of the cultured and intelligent everywhere. This is demonstrable, and not simply the unsupported assertion of a zealot in the cause. To seek, therefore, to make ridiculous a system of medicine which is nearly a century old, by citing and belittling an insignificant and not well-understood point in its pharmacology and quietly ignore the prime facts, namely: that it cures a greater percentage of sickness, leaves less mental and physical wrecks in its pathway, and is the only school of medicine based on an immutable system—a system with reason as its corner-stone and not the empirical dosage with nostrums lauded to the sky yesterday, damned to-day, and forgotten to-morrow—this is swallowing the dromedary hide, hump, hoofs and all, and choking on the gnat. And all the learned twaddle anent the millions upon millions of microbes who disport themselves on the point of a cambric needle and yet have room sufficient to scratch their microbic backs on convenient fence-posts; and all the lapses into French and Latin, and murdering of classical figures of speech, will not convince one single, solitary sane person that Stolz is right and the thousands upon thousands of cures made *cito, tuto et jucunde* were all imaginary and wrong. To class Homœopathy with the Christian Science cure, prayer cure, magneto-spiritism, medium pow-wow healers, vito-pathy, etc., is of a piece with that other disposition which disregards the usual respectful silence that hedges about the dead, but discloses the foibles and failings, mental and physical, of one's own father. If science has buried Homœopathy long ago, the corpse was prematurely laid away, for she has returned from the tomb, to which allopathy would so gladly consign her, has laid aside the trappings of woe, and is waxing exceeding strong and lusty; and when Stolz avers that Homœopathy is loudly clamoring for a recognized place in the healing art—meaning by healing art, the Old School—he deliberately and with malice prepense misstates the truth; for he knows, or could know, if he was desirous to know the truth, that he can not repeat the names of ten homœopathic physicians in the United States who have renounced Homœopathy after a fair trial and are to-day avowed allopaths; while we will pledge ourselves to give the names of several hundred Old School physicians and patients who have come over to us. If there is any clamoring being done, it is from the Old School for admission into the new. The hysterical Stolz had better let up on his cellular pathology and microscopical researches, and read after T. Larceny Brunton, and B. Chloride Ringer, and a few of the advanced thinkers of his own School, and mark with a pin the wholesale theft from homœopathic therapeutics—the dose as well as the remedy—before he again shies his castor in the ring as a champion in the lists against Homœopathy.

A REVIEW OF THE ANTIPYRETICS AS SHOWN FORTH IN THE
ANNUAL OF MEDICAL SCIENCES, FOR 1888.

TO one wishing to learn how advance in the Old School has compared with that in our own, the Annual of Medical Sciences issued by F. A. Davis, of Phila., with Sajons as editor in chief, should and probably does furnish the best authority we have. In this vast work we certainly have given to us a comprehensive view of the whole medical world, if I may be allowed to except the therapeutical branch. We look through Pathology, Obstetrics, Surgery, Gynæcology, et cetera, and in them all we find deep interest, and arise from our studies "posted" to date. But, alas! when we reach Therapeutics, we feel much as we might imagine one of our own school to feel if he should take to himself the task of studying some of our good works on practice, but should stop after perusing palliatives under the impression that he had studied all there was in therapeutics. The allopathic school are still in the outer court of the temple, the curtain has never been raised giving them a view of those things really curative in medicine. For many years the students of homœopathy have struggled to unveil the mysteries of medicine and to remove the mist from their neighbors' eyes, but the angry weight of prejudice has constantly prevented. True, some man brighter in a sense than the rest has occasionally in the garb of a literary sneak thief stolen some kernels of truth from our books and published them as a great discovery, but let us reason together concerning the antipyretics.

First among these we will notice :

1. Acetphenetidine—"a compound of acetyl with phenetidine—analogue to the composition of acetanilide."

Kolb says of it, and other writers agree with him : "Though it does not retard recovery, it just as certainly has no specific action on disease."

2. Antifebrine, synonymous with acetanilide, the result of abstracting water from the acetate of anilin at a high temperature, is too an antipyretic.

In typhoid Cohn and Hepp, after careful observation in 29 cases, say the antipyretic action was marked, but they could discover no "specific" action on the disease.

Faust says the same thing of its use in typhoid.

In rheumatism the best authorities say antifebrine has marked

antipyretic and anodyne, perhaps hypnotic effect, but in no sense prevents relapses. Some few authorities claim that in acute cases of rheumatism, it was given in the start, and followed by profuse perspiration and cutting short of the disease.

"Cohn and Hepp do not consider it a specific in erysipelas, though it usually promptly reduces the fever." In malaria it may be used to reduce the fever, but quinine must come in to prevent the paroxysms. Some cases have proven the remedy of some use as an anodyne, especially when pain is due to structural changes in nerve tissue. In rheumatism and neuralgia it is said to be better than the compounds of salicylic acid. Please note this statement. Only a few years ago al salicylic acid for rheumatism—last year all antipyretics for rheumatism and already they differ on these—what will *be* the style next year? The authors, Pepper and Griffith of Philadelphia, tell us that it should rarely be used to reduce temperature, unless over 103°. It seems proved, they say, that the drug may be dangerous. It certainly produces profuse perspiration, cyanosis and collapse if given in too large doses.

3. Antipyrine. Gintéras noticed the heart was always weaker and the arterial tension less during the use of this antipyretic.

Several authors found antipyrine to act satisfactorily in allaying the hectic fever of phthisis. In malarial fever it depresses the fever, but has no further effect upon the disease. It has acted favorably in hæmoptysis. In neuralgic and rheumatic affections very good results have been obtained, which the Old School to a great extent attribute to its action as an anodyne. Its action in locomotor ataxia has been especially marked with good results. Hypodermic injections in hepatic colic have relieved the pain. The writers on the subject in the Annual state that they believe there is hardly a case in which the antipyrine hypodermically will not act well in place of morphine. In the headaches of school children of from ten to fifteen years antipyrine acted well, the headaches in cases reported being probably due to a physiological hypertrophy of the heart. In chorea and epilepsy though faithfully tried it was without good results. In comparing with the salicylates in rheumatism, it has been found to act better in afebrile attacks, while the salicylates act better in febrile rheumatism.

The paroxysms of pertussis have been somewhat allayed. In measles its action is injurious. Large doses have produced dangerous collapse. Fatty degeneration of the liver and kidneys have been found under its long continued use. Oedema of the lower limbs has also been noticed. There has been also noticed at times a burning about eyes, mouth and œsophagus, accompanied by an eruption like measles. Urticarial eruptions frequently follow its use. It may be used to produce sleep in treating those addicted to the morphia habit.

Antithermine is phenylhydraz in levulinic acid and was announced by Nicot, but no developments as to its use and results have been made.

Benzanilide, much like antifebrine, the acetic acid of the latter being replaced by benzoic acid in the former. Cohn and Hepp found after its use the elevated temperature returned more slowly than after antifebrine, but the dose is twice as large.

Hydrochinon. Sylvestrini and Picchini believe this to be a safe and prompt antipyretic in doses of 5 to 30 grains in water, but the weight of authority believe it very dangerous, and a remedy that it is unsafe to use.

Thallin.—Perhaps this remedy in 4 or 5 grain doses has proven fully as successful as an antipyretic as any of the others, and yet, with this, as well as the others, it is frankly admitted to be little but a palliative, and some have even expressed the belief that though the patients experience some comfort, in the end convalescence is prolonged, and in many cases a condition of undue anæmia results. This ends the list of so-called antipyretics, and what have we learned, what have we gained? From the stand-point of an Old School physician we have gained nothing, for the little good effect that would seem probable from the use of these remedies is more than counterbalanced by the bad effects attributable to them. If, however, we look from our own standpoint as homœopaths, we perhaps have received hints that may be developed into useful certainty.

The antipyretics thus far seem so similar in their action that we scarcely need in our deductions to consider them separately. The antipyrine has been used in measles with markedly injurious results. When, however, it has been used in large doses in other cases it has in numerous instances produced a measles-like eruption, in two of these instances, the eruption lasting for five days—ergo, as homœopaths we may believe it very probable that antipyrine may prove in trituration a good remedy in rubeola or measles, and this especially seems true as we have produced the other symptoms of measles, viz., just before the eruption appears we usually have for a short time an increased temperature instead of a depressed one, we have also a burning and sometimes watering of the eyes and mouth, with marked burning of the œsophagus.

Another phenomena of its continued use is an urticarial eruption. Now in the use of the antipyretics it seems tolerably well proven that the temperature of the body is decreased by decreasing heat production and increasing heat dissipation. The exact process by which antifebrine, for instance, prevents heat production is undetermined, and there are so many theories we can not well consider them in a paper of this length; one thing, however, is certain: in the veins in health we have a reduction of oxyhæmoglobin over the same found in the arteries of

only about 5 five per cent., whereas under the use of antifebrine we find a reduction of the oxyhæmoglobin in the arteries of 6.5 per cent. ; thus showing us that under an extreme use of the antipyretics the arterial blood is not as well able to carry on the vital processes as is the venous blood in the normal body. We may naturally suppose that this depression of the vitality (for such it is), of the body has much to do with the prevention of heat production, and we may also suppose that used in the doses in which it is used by the Old School, it is not a benefit but absolutely injurious, and prolongs convalescence ; but we may expect their use, or rather abuse, for awhile longer, probably for the same and no better reason than is given in the "Annual" for the use of iron and arsenic in chorea : "Because they are the fashion." But let us look a little farther and we may find some valuables among the débris. At the same time that the antipyretics produce the result above, they also favor heat dissipation by elevating the temperature of the skin and a short time later producing a more or less profuse perspiration ; sometimes so profuse as to be very weakening and to become one of the instrumentalities in bringing about collapse. Now, what more reasonable than that the continued use, producing repeatedly high temperature and overworking of the skin, should be followed by skin diseases ? Again, ergo, may we not expect in the more complete development of these same antipyretics homœopathy may find valuable remedies in various skin diseases ? All of the antipyretics produce a condition of cyanosis, with degrees of sweat varying from slight to profuse. This effect has been some annoyance to the dominant school in their use of such drugs in the hectic fever of phthisis, but one authority has blundered on to the fact that in small doses the antipyretics will control the sweating of phthisis. To him who discovered it this means very little, but to us it simply proves that here as elsewhere our law is true, and gives us good reason to believe we can develop further good. Antifebrine produced hemorrhages of a dark venous blood, and even a condition bordering on profuse hemorrhagia with œdema ; doubtless it will cure this condition. It too has when given in long continued cases followed by death shown evident signs of having produced fatty degeneration of the kidneys and liver, so much so that several good authorities of the Old School believe it can be relied upon to do this. Thus we find the remedy to show an action in many respects similar to phos. and phos ac., and very likely we have a remedy that may be of use to us in this class of cases when our armamentarium needs reinforcement. We have also produced the vertigo and dyspnœa of old age accompanied by the same condition of "blue blood" that obtains in such cases. I have just taken under treatment a little boy of three years who has been subject to a species of spasm two or three times a year, of just what form I can not say, never

as yet having seen him in one, but from the mother's description I would judge it to be epileptiform. The treatment in his case has hitherto been antipyrine continued for a long time, though I cannot state the size of dose. I find him as a result with prominently marked veins, a cool surface, and a prematurely old face. Now, what do we see in aged people? We see a smaller per cent. of oxyhæmoglobin in the blood than in that of the adult; we see the veins well filled, while the arteries have lost some of the rebounding elasticity of younger years; we find the temperature slightly lower than of yore; not as much power of resistance to cold; a brain decreased in activity more or less, according as the vitality has surrendered; frequently vertigo is common from anæmia of the brain, and dyspnœa from venous stasis in the pulmonary circulation. Now what causes all of these signs of age? Simply that, owing to natural causes ordained by Our Creator, and acquired causes from disobedience to the laws of health, assimilation and disassimilation cease to take place as promptly as at middle age. As a result of this the worn-out or venous blood increases; this in turn, not being able to build up new tissue, allows the heart and arteries to degenerate; and again, in turn, poorly prepared arteries carry poverty-stricken blood to nourish a needy brain and nervous system; and a brain already anæmic from the natural sequences of age becomes more anæmic from a lack of true arterial blood, and we begin to have the vertigo, dyspnœa, et cetera, of age. Now it seems to me in this picture of senile changes we too have in great part a picture of the action of the antipyretics. Heat is dissipated by a free supply of blood to the surface and a consequent diaphoretic effect. Heat production is probably decreased in two ways; first by preventing the proper oxygenation of the blood, and this together with our second way, the supply of improperly oxygenated blood to the heat centers of the nervous system, prevents to a great extent the usual nitrogenous metamorphosis of the tissues. Of course these two steps for the prevention of heat production are just such steps as would cause our picture of old age, and would give us a picture of our similia in disease.

After our review to this point, we can to a great extent explain not only the probable action of the antipyretics as palliatives, but also know what we may as homœopaths expect from them. A few of the most marked effects claimed for them, however, we have not considered. First, their marked relief of headaches. To explain this effect I will only say, *jaborandi* or its alkaloid pilocarpine will relieve the same headaches in exactly the same way, viz.: by favoring a free flow of blood to the periphery and consequent diaphoresis. Second, great note is made of the anæsthetic effect of the antipyretics; this too I claim is easily explainable, first, as it certainly has a favorable effect here in exactly the same way as mentioned under headaches; and sec-

ondly, from its decrease of oxygen in the blood we have to a certain extent the same effect as we get in the administration of nitrous oxide as an anæsthetic, and any one who has tried it knows that it takes very little nitrous oxide gas to alleviate pain, *only a very small* per cent. of the amount it takes to produce complete unconsciousness; and further still, to return to our picture of old age, we will find if we stop to consider, that the preponderance of acutely painful afflictions are found from childhood to middle age, and as conditions exist in the aged which it would seem *might* produce as marked pain as similar conditions in younger life, and *yet do not*, we may believe the increased venosity of the blood may render the sensory nervous system less susceptible here, as it does when caused by nitrous oxide or antipyretics. Here we will be met by some who will say, but the change in the blood is so slight from one or two doses. True in a sense, but untrue in the most important sense, for it can not produce the final effect on the blood which it does without causing as it were at once a cessation of the vital processes, viz.: oxygenation of the blood and nitrogenous metamorphosis.

Again antipyrine has been found useful in convulsions, even as an antidote to the convulsions of strychnine. Our author in the "Annual," says: "As has been pointed out by Labordé in regard to antipyrine, and by every experimenter in regard to other drugs, small doses of drugs which tetanize or convulse often act as anti-convulsants."

What sublime ignorance our old-school friend would seem to show, but perhaps we would be wiser should we repeat the old proverb, "None so blind as those who will not see." 'Tis true neither our O. S. friend or we can say positively why antipyrine causes convulsions (though very likely it is the effect of trying to outrage a nervous system by feeding with impoverished blood), but we can say positively, and so could he if he would take the "scales" from his eyes, that similar cures similar. To summarize. We may expect to find the antipyretics useful in homœopathic doses in passive hyperæmia of the brain; in vertigo from senile anæmia of the brain; in venous congestions generally, and in diseases dependent upon venous conditions; possibly too in some forms of disease accompanied by sudden collapse and profuse perspiration, when the blood becomes quickly deoxygenized. In carbonic acid gas poisoning; in night sweats of debility; in convulsions; in hæmoptysis of venous blood; in purpura hæmorrhagica; in œdema from weakened vessels; in urticaria and other skin diseases; in fatty degenerations etc. In the places where they are used at present by the dominant school, they act purely as palliatives, and this too in many cases with injurious effect, and ere long they will to a great extent be discontinued. It remains for our school to prove these drugs, find proper place, and put them in a niche in our materia medica

where they may be always found ready to do their homœopathic duty. I realize in writing this paper it is very imperfect and necessarily cut short,—cut short too with difficulty, as there have been so many things I have wished to add and to write between the lines, but time and space were wanting and so I have only tried to direct the eyes of the profession in the direction of these drugs and perhaps raise the shutters so just a little light could peep in; and as others, either by provings or clinical experience, let in a brighter ray, it would be a favor to the writer if they would communicate with him concerning the points gleaned.

LINCOLN, Nebraska.

THREE CACTUS CASES IN OBSTETRICAL PRACTICE.

Sheldon Leavitt, M.D.

MRS. B., æt. 34 years, is a well-nourished woman of strong frame, dark complexion, and emotional nature. After her third child she was greatly annoyed for months by a sharp pain under the left breast, which she felt in varying degrees of intensity nearly every day. She was then under the care of an old-school physician, of excellent repute, who failed to afford her permanent relief. He finally advised her to wean the baby and take a European trip, which she did. While in Paris she consulted some of the best-known physicians, who told her the pain was in the chest wall. Her heart had manifested a degree of functional disturbance, but no lesion was discovered; and, while her general health was fair, there was slight spinal irritation with concomitant nervous symptoms. After her return she slowly improved and finally obtained complete relief from the thoracic pain.

Three years ago I delivered her of her fourth child, and there being a good deal of nervous disturbance, which was aggravated by a very sore nipple, I advised transferring the child to the breast of a nurse, which proved to be a good change for both mother and baby.

Four months ago I attended her fifth confinement. By adopting early precautionary measures, extreme soreness of the nipples, though threatened, was this time prevented, and lactation entered upon a normal course. But, by parrying one stroke of ill-luck she seemed to incur another in the form of the same old harassing pain in the left chest. I prescribed various remedies, and discouraged weaning, but without much benefit, and she suffered on, occasionally calling for a

prescription, during a period of nearly two months. Her patience finally gave out, and she earnestly declared that the distress had become unendurable. There had been short intervals of relief, lasting perhaps two or three days, followed by severe attacks. These paroxysms sometimes came with alarming suddenness and then somewhat resembled *angina pectoris*. During the time of her first prolonged attack of this pain, nearly three years before, and every few days or weeks subsequently, she had experienced what she described as "clutching" in the spinal region, I found also that her headaches were usually on the vertex, and gave her a sense there of weight and pressure. On the strength of these symptoms I put a few drops of cactus grand. into a half-glass of water, and ordered her to take a teaspoonful every two hours. Two days subsequently she sent for more, which I afterwards learned completed her relief, and though nearly two months have elapsed there has been no return of the pain.

Mrs. C., æt. about 27 years, suffered a miscarriage at about eight weeks advancement, on the 25th of this month (October). I was first called in the night to arrest what was said to be a hæmorrhage which the husband feared might speedily prove fatal. I found that she had suffered quite a depletion, and, though assured that everything had come away, and that her physician had visited her only a few hours before, I put my finger into the cervical canal and removed a fragment of the afterbirth about as large as the last phalanx of my middle finger, with relief to the excessive flow.

The next evening I was called to relieve a severe headache confined to the vertex and presenting a sense of weight. Her temperature was 105° and her pulse 88. She complained also of some vague abdominal distress, and was in great fear of impending inflammation. I attributed the headache mainly to anæmia arising from the hæmorrhage experienced on the previous day, but yet gave cactus grand. in water, four doses during the first hour, and then every hour, with considerable confidence. I promised to call on the succeeding day, at which time I learned that the headache left her almost immediately, and she slept unusually well.

Mrs. S., æt. about 32 years, with light complexion, blue eyes, and cheerful disposition, came to me when about eight and a half months in pregnancy, complaining of frequent attacks of headache to which she had been subject for several years. The paroxysms always came on with a sense of numbness felt first in the head and thence descending over throat and chest, with scintillation before the eyes, and a half-conscious feeling. At such times she always observes a very feeble cardiac action, and the face becomes pale. Sometimes there is a sense of constriction like a band about the head. Under the care of another physician gelseminum had formerly been given with some benefit. I

gave her cactus grand, with instructions to use it in water as occasion might demand, doses to be at very short intervals at the very incipency of an attack. By such use of the remedy she was able to prevent a severe paroxysm, and got along very well till after labor, when instead of finding a period of relief as she hoped, she experienced, in the absence of any medicine, a severe recurrence of the headache. I gave her more cactus, and directed that I be notified if the remedy fail to control any threatened attacks. That was two weeks ago, and I am informed that she has been free from headache ever since.

CHICAGO, ILL.

BOOK REVIEWS.

A TEXT-BOOK OF GYNÆCOLOGY, DESIGNED FOR THE STUDENT AND GENERAL PRACTITIONER. BY A. C. COWPERTHWAIT, M.D., PH.D., LL.D., Prof. of Materia Medica and Diseases of Women in the Homœopathic Medical Department of the State University of Iowa; President of the American Institute of Homœopathy; Author of a Text-Book of Materia Medica, Insanity in Its Medico-legal Relations, etc., etc., etc. Chicago: Gross & Delbridge. 1888. Pp. 525. In cloth, \$5.00; sheep, \$.00.

This text-book, which was promised the profession by generous advertising, was looked forward to with much curiosity and interest: not that a doubt ever arose as to the author's ability to do this subject justice, for he has proven himself abundantly able in every position of life in which he has been placed and has long since won his spurs in the literary tourney—but that laudable curiosity as to what new thing could be said concerning a branch of our present day medicine which has been written almost to death. A cursory reading of Dr. Cowperthwaite's book impresses one instantly with the author's commendable terseness in the statement of medical landmarks, and that other still more laudable trait of "knowing exactly when to stop." The book is what it professes to be A Text-Book, and more. It is safe to work by in our offices; the operations described are vividly presented, and the measures and treatment proposed are in consonance with that in current use. The therapeutical department is not as voluminous as we could wish, in fact could not well be so for the compass within which the author was compelled to work, but it is sufficient to place a right thinking homœopath on the track for his similimum. On this point the preface says:

"It will possibly be urged by some that I have paid too much attention to the local treatment of uterine diseases, and too little to their therapeutics. While I am convinced that these diseases are often due to malnutrition, and other constitutional causes, and are, therefore, only to be combated by careful internal medication, nevertheless, after twenty years' experience, I am satisfied that a large majority of cases of uterine disease can be successfully overcome only by a judicious combination of both constitutional and local treatment, and it is my opinion that the opposite view is entertained only by theorists, who have had little or no practical experience in the treatment of cases of this class."

In both pathology and treatment, the very latest views and methods known to science are included. Under each subject are given the synonyms, definition, pathology, etiology, symptoms, diagnosis, prognosis and treatment, the latter not only embracing Homœopathic therapeutics, but also giving the latest and most approved methods of local and surgical treatment. The book is profusely illustrated. Yes, we like the book and heartily recommend it.

MEDICAL AND SURGICAL LECTURES ON THE DISEASES OF WOMEN. A CLINICAL AND SYSTEMATIC TREATISE. BY R. LUDLAM, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College and Hospital, of Chicago, Late President of the American Institute of Homœopathy, and of the Chicago Academy of Medicine; Corresponding Member of the Homœopathic Medical Societies of Great Britain, France, Massachusetts, and New York; Author of a Volume of Clinical Lectures on Diphtheria; Member of the State Board of Health of Illinois, etc., etc. Lectures delivered from 1870 to 1887. Sixth Edition; Revised, Enlarged and Illustrated. Chicago: Halsey Brothers, 1888. Pp. 1068.

To such as know Dr. Ludlam's work in this branch of the profession it is not at all wonderful that five editions of his book have been completely exhausted and a sixth, revised and enlarged, demanded. A peculiar charm attaches to all of Dr. Ludlam's literary efforts, in some degree similar to that obtaining when he speaks extempore. He never fails of interesting his audience either by his trenchant wit, his biting sarcasm or his humorous tales. All these of course would be out of place in "cold" type; but other peculiarities of mind and heart replace these mentioned and render his printed words attractive. Were this a new book in the school it might be profitable to discuss it critically; but our readers know it well, we make no doubt, and we therefore refrain, giving only the main differences as we find them stated in the preface. A number of briefer articles and new cuts have been interspersed where they were needed to modernize and better illustrate the text. Many new cases have been added and the clinical character of the work preserved throughout. Of the new lectures that were not included in former editions there are, beside the Introductory Lecture, two upon the Pathology of Ovarian Tumors; one on Explorative Laparotomy and Tapping; one upon Ovariectomy; one upon the After Treatment and the Results of Ovariectomy, and one upon the Diseases of the Uterine Appendages, including the Battey-Tait operation. The Surgical Treatment of Lacerations of the Perineum and of the Uterine Cervix, and also of Uterine Cancer, have been reconsidered and treated of in the light of increased hospital and special experience. The book retains the Lecture form throughout: it is a "talk" on the subject fresh from the mind of a well-posted practitioner, and given in language direct and pleasing; wherever practicable, the Lecture was illustrated by veritable cases from life; so that the book combines the didactic with the clinical, thus rendering it invaluable to the practitioner.

PUBLICATIONS OF THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. 1887. Vol. X. Boston: Franklin Press: Rand, Avery Co. 1888. Received from Otis Clapp & Son.

Under this title we have received what is in reality the proceedings of the Forty-Seventh Annual Meeting, held in April of the present year.

Similar to every work emanating from this society it is excellent both in matter and arrangement.

In the report of the Committee on *Materia Medica* we find provings of *Apis mellifica*, by C. E. Hastings, M.D.; *The Sanguinaria Nettle Rash*, by A. H. Tompkins, M.D.; *Bryonia and Phosphorus—A Comparison*, by A. L. Kennedy, M.D.; *Dynamization or Dematerialization*, by J. P. Sutherland, M.D.; all of which betoken the deep interest evinced in the subjects. Dr. Kennedy's paper seems to us to be especially well done. Dr. Horace Packard presents *A New Apparatus for Maintaining the Lithotomy Position*, with an *Automatic Irrigating Attachment*, the invention of Dr. Thomas McBride of Phila., but improved by Dr. Packard.

Dr. Jas. B. Bell presents an interesting case of Cancer of the Lips. The Bureau of Clinical Medicine selected for its labors Diabetes Mellitus, which is ably handled by the several members of the bureau who have taken different divisions of the general subject and elaborated it. Together it makes an excellent paper on this interesting topic. To quote more from this volume to indicate its excellence would be almost a work of supererogation, for this society publishes only the very best, and all its papers bear the stamp of painstaking research. The binding and paper is uniform with its predecessors.

DISEASES OF THE HEART AND LUNGS. By JAMES R. LEAMING, M.D., Emeritus Professor of Diseases of the Chest and Physical Diagnosis in the New York Polyclinic, and President of the Faculty; Special Consulting Physician in Chest Diseases, St. Luke's Hospital, New York, etc. E. B. Treat, Publisher, 771 Broadway, N. Y. Pp. 300. Price \$2.75.

The author of this treatise has made the diseases of the heart and lungs his special study for many years. His careful investigations as a practitioner and professor in New York, his observations in public hospitals and private consultations, were occasionally embodied in papers, read before the Academy of Medicine or published in medical journals. These having been discussed, the views presented being sometimes modified, strengthened or confirmed, were afterward tested, and in their revision are given to the profession in this permanent form.

Dr. Leaming's well-known acute faculty of discriminating sounds, and his attention to the minutest details in the diagnosis of a case, gives great weight to his judgment. The use and effects of certain medicines in the treatment of special cases have also been watched with singular attention, and the effects are recorded with great particularity and with very helpful observations. Nothing in fact has been omitted in the consideration of the class of diseases pertaining to the heart and lungs, that the most advanced investigations have ascertained or the most skillful practitioners have found remedial or beneficial.

ETHICS OF MARRIAGE. By H. S. POMEROY, M.D., with Prefatory Note by THOMAS ADDIS EMMET, M.D., LL.D., and Introduction by Rev. J. T. DURVEA, D.D., of Boston. 12mo., cloth, 190 pp. Price, \$1.00. Funk & Wagnalls, 18 and 20 Astor Place, New York.

A subject as vital to the propagation of the race, and withal so

delicately handled as is this of *generation*, deserves an extended notice—more than we can give. Although the subject is not new, and has been, times out of number, discussed and deplored, yet Dr. Pomeroy's book is so well prepared, so tersely stated, and so excellently supported by argument and appeals to facts, that his book must meet with a prompt sale. It depicts in glowing colors the "American" sin, with all the train of misery which follows in its wake. As a guarantee for the purity of the book we find it dedicated to his mother. Could the inexperienced young, contemplating matrimony, be brought to see the heinousness of the life they have tacitly agreed to live, we doubt whether any of them would listen for a moment even to the advice so recklessly given by members of the "blank" school. Dr. Pomeroy is peculiarly happy in his argument, and lifts a threadbare topic to the plane of interest. To our thinking—from such parts as we have attentively read and others which we have given only desultory notice—this book is absolutely what it professes to be, a pure expose of a dangerous condition in society, one which will undermine our race; and can bring about nothing but good when placed in the hands of the recent or even long-time married folks.

HOLDEN'S ANATOMY. A MANUAL OF DISSECTION OF THE HUMAN BODY. By LUTHER HOLDEN, late President of the Royal College of Surgeons of England; Consulting Surgeon to St. Bartholomew's and the Foundling Hospitals. Fifth Edition. Edited by JOHN LANGTON. With over two hundred illustrations. Phila.: P. Blakiston, Son & Co., 1885. Pp. 855.

To the student or practitioner of medicine who began his anatomy study with Wilson or those other ancient celebrities without illustrations, what a relief it must have been to him when Gray came on the scene with his profusely illustrated text and landmarks. And yet Gray, although still a faithful friend and adviser, has in turn been obliged to give way to the spirit of betterment, and while he yet continues a text-book in our colleges, other and more modern text books are being used. One of these latter, and a popular one, is Holden's Anatomy. To describe its difference from other authors in detail would require more space than we can give, but it may be briefly intimated that it differs in not obscuring the more important features of anatomy by a multiplicity of minute and variable details. This is particularly the fault alleged of Gray; it being so mathematically systematic that it was painful to read, or having read, to understand. Instead of being simply and primarily a text-book of anatomy, with dissections as a secondary and minor consideration, this work presumes a fair knowledge of anatomy in the student, and directs its teachings to the dismemberment of the body, giving rules and methods for so doing at every step, this being one of the great charms of Holden's book. The practitioner living remote from surgical celebrities, or where a recognized surgeon can not be had save at an expense far exceeding the means of the patient—the practitioner, with the aid of this volume, can very quickly revamp his surgical knowledge, and in an emergency be ready for work. The style of the author is very happy. It lacks the chilling formality of Gray; and it is now possible to read a chapter on Dissection of the Abdo-

men, let us say, with as much interest and pleasure as it is to browse in a work on *Materia Medica* or any other of the collateral branches. Holden has at last removed the odium from anatomical studies, which branch, as every student knows, and as every practitioner remembers, was the driest and most difficult of all his college work. The book is not a new one, and has already found a wide sale. But this "rider" will not injure it.

HOW TO SUCCEED AS A STENOGRAPHER AND TYPEWRITER. By ARTHUR M. BAKER, Stenographer and Law Reporter. Author of "How to Learn Shorthand." New York: Fowler & Wells Company, 1888. Pp. 71.

An interesting book, mainly designed, of course, for those engaged in stenography and typewriting, or whose attention is directed in that channel. The author is a practical reporter, and, judging from his work, an expert, Fowler & Wells having always been noted for their appreciation of stenography, and the Annual Journeys through the land with an expert stenographer was one of the wonders of the early days of stenography. This book is practical and instructive. It might, perhaps, have had a little more to say concerning the writing machine as a genera, and not so much of the Remington in particular. He is generous in his treatment of the several systems of phonography, and does not permit a personal bias to influence his recommendations. The writer hereof has in times past also been an expert (?) shorthand, and is therefore qualified to speak understandingly of the book.

THE HOMŒOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS. By JAMES B. BELL, M.D., Third Edition. Phila.: F. E. Boericke, Hahnemann Publishing House. 1888.

This is a monograph whose value can never be over-estimated. It is to the summer time, what Allen is to the winter: indispensable; the one anti-opiates, the other anti-quinine. Who that has used Bell's *Diarrhœa* faithfully ever again returned to the drugging of the old school? We venture to say, not one. It is a marvel of compactness, of terseness, and availability. It is ever ready and reliable. No loud laudations to-day of some "new" treatment of *diarrhœa* which to-morrow is declared without value. Built on the immutable rock of homœopathy the winds and the waves may beat against it, but without avail. The book is an excellent condensation of the characteristics of our remedies aside from their direct applicability in *diarrhœa*, so that in looking up a similitum, a glance at Bell under a probably indicated remedy will many times bring out symptoms which had lain dormant or unknown in the more voluminous records in the *Materias Medica*. We are pleased to find Dr. Bell has discarded the old form and size for his book and adopted Boericke's uniform monograph size; so that when now we glance along our shelves and see a series of books with the "Aude"—griffin trade-mark on the back, we find them of uniform size and appearance. This we think an improvement for office work, though of course the smaller size fitted a coat pocket better. We are likewise glad to find that Dr. Bell has resumed control of the book, not im-

puting by this statement that Dr. Laird failed in his ministrations; but simply because we like to think of it as Bell's *Diarrhœa*, and feel that Bell ought to control it. *Diarrhœa* is possibly not as elegant a specialty as surgery, but we hazard the prediction that Dr. Bell's Therapeutics of *Diarrhœa* has brought him more reputation than all his skilful operations; that it will extend his fame beyond the grave, and continue as long as homœopathic therapeutics govern in the selection of a remedy anywhere. The present edition eliminates cactus, euphoropuntia, and castoreum, and in place gives acetic acid, crotales, angustura, carbolic acid, and valeriana. The text has been corrected and revised, so that it is all right up to date. It seems hardly necessary to say that we recommend the book; it heads the list of half dozen or more books which we invariably advise any inquiring student or conscience-stricken allopath to get as a nucleus for his homœopathic library.

THE DISPENSATORY OF THE UNITED STATES. By Drs. GEO. B. WOOD and FRANKLIN BACHE. Sixteenth Edition. Rearranged, thoroughly revised, and largely re-written; with illustrations by H. C. WOOD, M.D., LL.D., Member of the National Academy of Science; Professor of Materia Medica and Therapeutics and of Diseases of the Nervous System in the University of Pennsylvania; JOSEPH P. REMINGTON, Ph.M., F.C.S., Professor of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy; first Vice-Chairman of the Committee of Revision and Publication of the Pharmacopœia of the United States of America, and SAMUEL P. SADTLER, Ph.D., F.C.S., Professor of Chemistry in the Philadelphia College of Pharmacy, and of General and Organic Chemistry in the University of Pennsylvania. Phila.: J. B. Lippincott Company. 1888. Pp. 2091.

This, as every old-school practitioner knows, is a text-book of the medicinal substances in the state in which they are brought into the shops, and to teach the modes in which they are prepared for use. It teaches all there is to be known from an old-school basis of drugs, their habitat, properties, preparation, tests of purity and incompatibles, medical use, and dose. The homœopath, too, may find much food for reflection and many lessons of importance in these 2000 pages. He need not appropriate to his uses the dose recommended nor administer it for the diseases referred to, but he may, and very profitably at that, study the general action and history of the drugs which enter so largely into his pharmacology. For instance, under *Rhus Toxicodendron* we find two pages of descriptive matter which will hurt no homœopath to read, but, on the contrary, will add much to his knowledge of the drug. So also the description of *cinchona* is not equalled so far as we now remember by anything in homœopathic literature that is readily accessible to-day. Opium is another drug that will repay in the perusal. In fact throughout the pages of this volume there is an unmistakable vein of instruction which, if properly taken at the source, leads to valuable information for every practitioner of whatever school. It is mainly a reference book, as a dictionary or encyclopædia would be, but similar to these, it can be taken up independent of any preconceived purpose and read here and there, or page after page, with never failing interest and profit. For those in our

ranks who can afford the cost of a book of reference of this magnitude and value, we have no hesitation in recommending, and heartily too, this Dispensatory. It is, besides, a handsomely bound volume, and adds not a little lustre to a shelf of books.

OUR EXCHANGES.

I think we can safely say that Opium is more likely to be indicated in recent rather than chronic conditions, and in diseases occurring in either extreme of life, the very young or the aged. . . . Predominant effects of Opium: general insensibility of the whole nervous system; diseases of drunkards; of senile age; tremor of the whole body, with jerking and burkling of limbs; convulsions and spasms, epilepsy, tetanus, opisthotonus, apoplexia; bad consequences of fright if Opium be resorted to immediately after fright; if used too late Opium does mischief.—*J. D. Tyrrell, M.D., in Hom. Physician.*

Pulsatilla is well indicated when chlorosis had been complicated by the use and abuse of Iron and Quinine. It stands in the same relation to these substances that Nux does to drastic purgatives, and Camphor to Cantharis. Arsenicum and Sepia are also to be thought of in this abused chlorotic condition.—*H. G. Glover, M.D., in Med. Advance.*

I will commence . . . with the positive assertions, founded on an experience covering nearly a third of a century, of which many years have been largely devoted to the special study and teaching of diseases of the heart and lungs: that cardiac disease is not invariably fatal; that many apparently grave forms are entirely recovered from; that enlargement of the heart is not in itself a disease, but on the contrary is salutary, inasmuch as it is nature's method of overcoming obstacles to the blood-current, either in the heart or elsewhere, this very enlargement, accompanied as it is by increased power owing to the development of additional muscular fiber, sometimes compensating entirely for the obstacle; that with serious valvular disease developed in childhood; patients have been known to live to be aged men and women, the fathers and mothers of large families of children; in some instances, to the writer's personal knowledge, supporting these families by manual labor requiring at times great physical exertion and mental strain; that with a large majority of those supposed to be suffering from heart disease, that organ is in reality perfectly sound, and, if affected at all, is suffering secondarily to functional disturbances of organs remote from the heart, disturbances which are curable by proper and not too severe hygienic measures; and lastly, that whenever the attention of the patient is called to his or her heart by symptoms which lead to the conclusion in his or her mind that he or she is suffering from organic disease of that organ, the chances are ninety-nine out of a hundred that the heart is perfectly sound. The last assertion will apply with equal force and truth to the lungs, brain, and kidneys.—*J. W. Dowling, M.D., in The Hahnemannian Monthly.*

Improvement not having ceased, and especially as most gratifying indications of the favorable action of the remedy were present, viz., the disappearance of symptoms in inverse order of their appearance, and the return of symptoms which had once been present in the case and which had disappeared as the patient grew worse, I did not change the remedy, nor did I repeat the dose.—*C. W. Butler, M.D., in Med. Adv.*

How do we know whether our ministrations have been the cause of a patient's well-getting, and not the result of *vis medicatrix nature* solely, is formulated by Dr. C. W. Butler in the succeeding three conclusions :

(One) His improvement commenced shortly after its administration, and because when it had subsequently ceased, it was renewed at once by the repetition of this drug ;

(Two) Because the symptoms disappeared in inverse order of their appearance ;

(Three) Because of the reappearance, as improvement was established, of symptoms which had once been present, but which had disappeared during the graver aspects of the case.

The last two methods of proof of favorable drug action have been confirmed by many physicians since Hahnemann first called attention to them ; are most convincing to the observing homœopath, and will need no elaboration in a gathering of homœopathic physicians.

SELF-ASPHYXIATION IN THE TREATMENT OF INSOMNIA.—A correspondent of *The Lancet* has found the following to be an effectual remedy in his own case : After taking a deep inspiration he holds his breath till discomfort is felt, then repeats the process a second and a third time. As a rule, this is enough to produce sleep. A slight degree of asphyxia is thus relied on as a soporific agent.—*Lancet-Clinic.*

REMARKABLE STORY.—Evansville, Ind., Oct. 24.—A somewhat remarkable thing took place in the river, just below this city, Saturday morning. A few days since the steamer *Robert B. Carson* collapsed and sank in forty feet of water, together with thirty head of cattle confined on the lower deck. For two or three days a number of hands did all in their power to raise the sunken boat, but without avail, and the project was abandoned. Early this morning, however, to the surprise of one of the harbor boats, the pilot house and hurricane deck of the *Carson* suddenly appeared above the water. When a crew was sent down the steamer was floating along, sustained and upheld by some mysterious agency. This was subsequently traced to the cattle themselves, which had become inflated to almost bursting proportions by gases generated in their carcasses, and the combined buoyancy of those dead bodies had actually lifted the steamer to the surface, as the boat sank again when they were cut loose. Old steamboat men declare it the strangest occurrence in all their nautical experience.—*Toledo Commercial.*

Let Dr. Fincke, or any other homœopath, throw aside the careful individualization of Hahnemann and select the simillimum from the

pathological basis of Hempel, Hughes & Co., he will not meet with the success which now attends his practice. The dynamized drug, even in the 10m, will not save him from humiliating failure, for he can not do any better guessing than any one else with equal experience. Our understanding of the application of the law is, that the simillimum must first be selected, before the question of the dose be determined.—*H. C. Allen, M.D.*

HEGAR'S SIGN OF PREGNANCY—*Archiv. für Gyn.*—Dr. Bond writes concerning the value of this sign, and the true way in which to obtain it.

The following is the technique: The finger is slowly passed through the anus, and enters a more or less extensive, flabby-walled sac, which is either empty or filled with fæces. Through this the cervix is felt above and anteriorly as a firm and relatively very large body, which is often mistaken by the beginner for the body of the uterus or some pathological enlargement. Very accurate information may be obtained if the thumb is introduced into the vagina and applied to the portio vaginalis. The sacro-uterine ligaments converge on both sides as curved, elastic strands from the thickness of a raven's quill to that of a pencil, toward the isthmus where they unite, generally as a sort of sharp rounded comb. The finger may remain below these ligaments in the space below the third sphincter. This, however, is not advisable. The conditions will be recognized clearly and without risk of error if we pass above the folds of the third sphincter. This is occasionally difficult. The opening between the lower and upper portions of the rectum is often narrow, and may be situated more to the right or left, often posteriorly. The anterior wall of the rectum sinks towards the ampulla, so that the lumen, which is thereby narrowed, can be found only close to the sacrum. Sometimes the posterior, or rather the entire wall of the rectum, sinks toward the ampulla (somewhat like the first stage of an intussusception), and the lumen must be sought at the tip (directed downward) of this depression. In many cases the way is shown by particles of fæces. The easiest method is to inject about one-fourth liter of water into the rectal ampulla. This distends it, and the opening is then readily found along the smooth internal surface. (By the "third sphincter" he means apparently certain folds of mucous membrane containing muscular tissue, which, in some cases when the rectum is empty, project as much as half an inch into its cavity.)

"After we have thus entered the upper part of the rectum, the folds of the third sphincter and the sacro-uterine ligament are pushed down by a slight claw-shaped curvature of the finger, after which it gains free play to the right and left in the wider portion of the gut. Moderate counter-pressure from the abdominal wall generally suffices to bring the posterior wall of the uterus and even all the contours of the organ in contact with the finger, and enables us to reach the boundaries of the fundus. Even if the uterus is anteflexed or anteverted it may be made accessible by the external hand after the displacement is rectified. If perchance, this cannot be done, moderate traction with the forceps upon the portio-vaginalis will suffice."

THE TONGUE AS A GUIDE TO THE DIAGNOSIS OF LESIONS OF THE INTRA-CRANIAL VESSELS.—*Ed. N. Y. Med. Record.*—In a communication made at the recent meeting of the French Association for the Advancement of Science (*L'Union Médicale*), Dr. Gillot refers to the neglect of

this portion of the tongue, which, he asserts, often presents certain points of diagnostic significance to reward the physician for his trouble in inspecting it. It is the condition of the superficial ranine vessels, especially, which is to be studied in this inspection. In a young and healthy person the veins alone are prominent beneath the mucous membrane, but with the advance of age, or as a result of disease, these veins become dilated, tortuous, or varicose, and the venules and capillaries become visible. In many cases little dilatations, like grains of sand, may be seen on the smaller vessels. These may be so minute as to be detected only with the aid of a lens, but are ordinarily readibly visible to the naked eye as little projections the size of millet-seeds. They may be few and disseminated, or may be very numerous and grouped together like a bunch of grapes. They are ordinarily situated a short distance from the tip of the tongue, on either side of the median line, or near the root of the organ. Their color varies, according to their size and the condition of the general circulation, from a bright red to purple, or almost black.

These projections, Dr. Gillot states, are true miliary aneurisms caused by a thinning of the walls of the vessels, and are analogous to the miliary aneurisms occurring on the cerebral vessels. But more than this, they are diagnostic of this condition in the vessels of the brain, or at least should raise a grave suspicion of its existence. The circulation of the tongue has very close relations with that within the cranium, the same influences which act upon one acting also upon the other, and the inspection of the under surface of the tongue furnishes as valuable an indication of the state of the cerebral circulation as does an examination of the fundus of the eye, while it can be readily made without instruments, and does not require of the physician any special training, as does the use of the ophthalmoscope.

The primary cause of these miliary aneurisms, of the tongue as well as of the brain, Dr. Gillot refers to the so-called arthritic diathesis, and he says that he has never seen these minute dilatations of the lingual vessels in any but those suffering from arthritism, a term used to denote the diathesis expressed by the manifestations of gout, rheumatism, gravel, cardiac affections, etc.

BANDAGING THE EXTREMITIES FOR PULMONARY HEMORRHAGE.—Seitz (*Archiv für klinische Medicin.*), as the result of experimental investigations, recommends bandaging the extremities for hemorrhage from the lungs: first the upper extremities, at or about the middle of the arm, then the lower at the middle of the thigh or immediately below the knee, using silk bands about three-quarters of an inch wide; or, in case of necessity, strips of any sort. By imprisoning the blood, the tension of the left ventricle is diminished, and contraction of the vessels in the area not included occurs. The half-hour during which the bandages are retained suffices for the formation of a thrombus at the site of hemorrhage. The method was used in the time of Hippocrates.

Says Bartholow: Constipation, to a moderate extent, may be overcome by the daily use of a few almonds and raisins, about six of each at dessert." Figs are also an excellent dessert in those with a tendency to constipation, two or three giving ready relief. New cider, prunes, the use of corn meal, oat meal, bran bread and wheaten grits are articles of food having a laxative effect.—*F. P. Dorshey, M.D., in Lancet-Clinic.*

I am aware of the fact that some [gynæcological] cases require surgical interference, but the major portion of these find their way to the hospital. In private practice I will venture to say that four-fifths of all cases will be cured, and the other fifth ameliorated, by the properly indicated homœopathic remedy given in not too low a potency and not too often—*S. W. Cohen, M.D., in Hom. Phys.*

The *Clinical Reporter* (St. Louis) describes "The College Opening" of the Homœopathic Med. College of Mo., at St. Louis on Sept. 17, ult. The Dean, Dr. Parsons, was in the chair, with Prof. Edmonds as orator. The several professors briefly outlined the work laid out by their several selves. "Fads in Medicine" was the topic selected by Prof. Edmonds, but as our good friend invariably talks and lectures extempore, his half-hour devoted to his theme is lost save in the memories of his auditors. Prof. Foulon, who evidently wrote up the sketch, is an inveterate punster—taking liberties with *other* people's names; but our recollection of his exact fairness in dealing with the students, his ready assistance and painstaking efforts to elucidate the law points involved in a medical man's education, and withal his unceasing *bonhomie*, endears him to us as it does to every class graduating at St. Louis—for St. Louis is *our* Alma Mater, and we are proud of it. Just how the Alma Mater views the case, deponent sayeth not.

The treatment [of yellow fever] is, in most cases, very simple. For the stage of reaction the very best remedy is the gelsemium, given in low attenuation and at short intervals, alone or in alternation with belladonna, where much headache and red eyes are prominent symptoms. During this stage, with tardy or imperfect reaction, the hot mustard foot-bath is very popular, and deservedly so. The thirst is best treated with hot drinks, rather than cold ones. The hot drinks allay nausea and thirst, and help to induce perspiration.

The stage of perspiration requires little or no treatment, and may largely be let alone until it shall have abated or relieved the one of reaction. The stage of depression should be largely trusted to the prudent use of liquid nourishments, with a moderate allowance of stimulants. And, in furtherance of this idea, I know of nothing so helpful as the "milk punch," given freely at intervals of 2 to 3 hours. During this stage, the patient should remain in bed, avoid currents of air, and by no means be allowed to assume the erect posture. Should the depression be very severe, attention should be directed to the suitable administration of arsenic, vegetable carbon, tartar emetic, ipecac., mur. ammonia, carbonate of ammonia, veratrum album. For urinary suppression I have found nothing equal to 15-drop doses tincture digitalis at intervals of three hours.—*Prof. Edmonds in Clinical Reporter.*

A case of well-marked epilepsy in a girl of eleven years, due to ascariæ, was lately, according to French reports, entirely relieved by removal of the worms by a vermifuge. No attacks recurred for thirteen years, when there was a severe shock from fright, with immediate resumption of the attacks, persisting till now. The case is of interest as showing that epileptic attacks may be produced by entirely different causes in a person predisposed, as in the case cited, to the disease.—*Polyclinic.*

QUININE. AN INVOLUNTARY PROVING.—(O. F. Macdonald, M.D., in *Med. Ad.*)—A lady was induced to take a quinine tonic; within one hour after taking first and only dose, the following condition arose: "Severe chilliness, amounting to a rigor. During the chill a fit of *yawning* came on, which was very severe; she said she was afraid she would dislocate her jaw. The yawn seemed to extend over her whole body, limbs and arms; said she could feel the yawn down to the tips of the fingers and toes, could feel the sensation passing through whole person. Constant and severe chattering after intervals between yawns. These symptoms lasted for twenty minutes. No marked thirst; no ringing in ears. Gradually a fever came on, about half as long as chill (ten minutes) and was severe. This was gradually succeeded by profuse perspiration which seemed to pour from whole body; great beads of perspiration stood on forehead. This stage lasted for ten minutes; then an interval, followed by the whole course again as above. Can not say for certain whether yawning ceased when chill ceased, but remembers that it was only the yawning that kept the teeth from chattering. All the above symptoms passed off in from three to four hours. Could not sleep, either day or night, after attack, for from two to three days."

In an instructive paper on "The Connection of Disease with Habits of Intemperance," Dr. Owen concludes:

First. That habitual indulgence in alcoholic liquors beyond the most moderate amounts has a distinct tendency to shorten life, the average shortening being roughly proportional to the degree of indulgence.

Second. That of men who have passed the age of twenty-five, the strictly temperate, on the average, live at least ten years longer than those who become decidedly intemperate. (We have not in these returns the means of coming to any conclusion as to the relative duration of life of total abstainers and habitually temperate drinkers of alcoholic liquors.)

Third. That in the production of cirrhosis and gout, alcoholic excess plays the very marked part which it has long been recognized as doing; and that there is no other disease anything like so distinctly traceable to the effects of alcoholic liquors.

Fourth. That cirrhosis and gout apart, the effect of alcoholic liquors is rather to predispose the body toward the attacks of disease generally than to induce any special pathological lesion.

Fifth. That in the etiology of chronic renal disease, alcoholic excess, or the gout which it induces, probably plays a special part.

Sixth. That there is no ground for the belief that alcoholic excess leads in any special manner to the development of malignant disease, and some reason to think that it may delay its production.

Seventh. That in the young alcoholic liquors seem rather to check than to induce the formation of tubercle; while in the old there is some reason to believe that the effects are reversed.

Eighth. That the tendency to apoplexy is not in any special manner induced by alcohol.

Ninth. That the tendency to bronchitis, unless, perhaps, in the young, is not affected in special manner by alcoholic excess.

Tenth. That the mortality from pneumonia, and probably that from typhoid fever also, is not especially affected by alcoholic habits.

Eleventh. That prostatic enlargement and the tendency to cystitis are not especially induced by alcoholic excess.

Twelfth. That total abstinence and habitual temperance augment considerably the chance of a death from old age or natural decay, without special pathological lesion.—*The Epitome*.

The answer to "High Dilutions" by T. H. C. in the *N. Y. Med. Times*, is the challenge of Hahnemann to his adversaries. Give the system [High Dilutions] a fair trial, then publish the failures to the world. Don't be too scientific. Medicine is not an exact science. There are a number of things in this world, admitted by universal consent to be unimpregnable facts, which are, nevertheless, impossible of verification by mathematics. The origin of Life for instance. The *only* way in which to discredit the high potency, is to use it, following the necessary requirements, find it honestly defective, and then, and not before, publish it as a failure. If T. H. C. can produce a formula which shall faithfully indicate the **POWER** that cures in the 3d potency or the tincture, he is mathematician enough to know that it will be equally true of the **POWER** that cures in the one hundred millionth. He can no more say what it is that cures in the 3d, than he can demonstrate mathematically that dynamization is an error. The proof of the pudding is in the eating. With Lippe, Bell, Wesselhoef, Dunham, Farrington, Lilienthal, Allen (H.C.), Kent, Hering, Wells, and others of the wheelhorses of homœopathy advocating high potencies—all men whose names are familiar to every practitioner—it seems a little arrogant in T. H. C. to assume to demonstrate by an algebraic equation that all there is to the healing power of homœopathic medicine is contained in the actual drug particles.

GLOBULES.

—The October number of the *Southern Journal of Homœopathy* is devoted to yellow fever—a trifle late for the recent epidemic, but good for all time to come. But why, Bro. Fisher, didn't you bind the yellow fever number in yellow paper?

—The odor of diabetic urine is said to be "pathognomic" of the disease. Guy compares it to the smell of new-made hay; Copland, to sweet whey, or milk, or violets; Pavy, to an acid smell, similar to that where ripe apples are stored.—*E. A. Murdock, M.D.*

—ASHLAND, O., NOV. 6.—A wealthy farmer named Henry Perdy, residing six miles south of here, went into a drug store at Haynesville after a glass of whiskey. As the proprietors were busy he helped himself. He remarked that the drink was not up to the standard, when it was discovered that he had taken aconite instead of whisky. He died in an hour and forty minutes.—*Toledo Commercial*.

—The curative effects of the remedy [syzygium jambolanum] upon my patient and others have been so remarkable, that I believe I can say with much assurance we have in this drug a true specific for the cure of this heretofore incurable disease, diabetes mellitus. . . . The only reliable preparation of the remedy is the finely pulverized berry, and the dose should be about five grains three times a day.—*H. M. Hunter, M.D., in Mass. Trans., '87*.

—Diabetes mellitus : glycosuria, polyuria, polydipsia, polyphagia, and autophagia.—*Jaccoud*.

—Ferrum phos. has stopped a tendency to frequent nose-bleed in rapidly growing children.—*J. T. Kent, M.D.*

—When a man ventures an opinion he will find some one who opposes it. Hence a man without opposition is a man without opinions.—*The Century Bric-à-Brac*.

—Jewish students are no longer permitted to matriculate in the University of Moscow. The anti-Semitic movement seems to be gaining ground.—*St. L. Med. and Surg. Jour.*

—Absence of both mammæ in a woman, aged 21 years, is recorded by Dr. W. Wylie, of Skipton, England. A small mole exists near where the right nipple should be found, and the pectoral muscle seems to be quite bare of adipose tissue in that region. Some three months ago the woman gave birth to a child, and there has been no sympathetic pain nor uneasiness of any kind in the pectoral region.

—In the provings of cyclamen there is no mention of aggravation from heat. Yet I have relieved a case of hay fever where this condition was prominent. Every warm day the patient became worse ; she was especially worse going into the kitchen near the fire. Cyclamen has promptly controlled this case, both this and last season. One hot day recently the patient spent the day near her kitchen fire ironing, and yet she suffered no return of sneezing or other symptoms.—*E. A. Ballard, M.D., in Hom. Phys.*

—American Institute held its annual meeting at Niagara Falls. . . . The usual exhibit of surgical instruments, of quack drugs, etc., was on hand. In old time Institute days, such things were not seen, for the physicians of that day did not need such adjuvants. They would have considered themselves insulted had they been exhibited !—*Homœopathic Physician*.

And when, pray, did a surgical instrument become an adjuvant ? And why should any physician consider himself insulted by its exhibition ? or is this a case of pronouns ; *i.e.*, " They [the physicians of that day] would have considered themselves insulted had they [the physicians of that day] been exhibited ! " We would, too.

—As to the remedies or medicines in this disease [capillary bronchitis] I have but few ; am unfortunately not blessed with that mental organization that enables me to analyze symptoms minutely, and cover them accurately with the homœopathic similimum. If one eye closes a little firmer than the other, the left nostril dilates more than the right, one ear pale, the other red, a smile plays over the features when asleep, it is all the same to me ; there is no diagnostic, prognostic, or therapeutic indication in them, to my material organization. I go right on giving aconite if quick pulse, hot and dry skin, with great restlessness ; and also the old routine and time-honored remedy bryonia, if there is short, dry cough which seems painful, and where there are dry wheezy râles. Tartar emetic, at a later stage of disease, when the râles become moist and coarse. This, with me, is the chief remedy. In delicate, feeble children, ipecac is preferable to tartar emetic, because less debilitating—*J. H. Sherman, M.D., Mass. Trans.*, 1887.

—After concussion the exhibition of arnica should be followed by vomiting.—*McNeil*.

—Ferrum phos. has cured the sore throat of singers while they were using their voices daily. Give the singer a tablet on the tongue just before singing.

—Certainly, armed with a scientific therapy founded upon similia we ought, *we can* have more gratifying results than the gentlemen of the antique school.—*S. W. Cohen, M.D., in Hom. Physician*.

—The sounds grow louder in any functional disturbance of the heart. This is especially true with the first sound if the walls be thinned. When both sounds are indistinct and seem to come from a distance it may be occasioned by an effusion of fluid in the pericardium.—*Clark*.

—Thomas Stevens the bicycler around the world, says "that he arrived in Lasgird, Persia, just in time to witness the annual bleeding of the male population. The Persians regard bleeding in the spring-time as necessary to health; and on a certain day the village barber makes it his business to open the veins in the arm, and draw about a half-pint of blood from each one."—*Am. Med. Jour.*

—In the sleep symptoms pulsatilla differs very much from nux vomica. The pulsatilla patient is wide awake and full of ideas in the evening, while the nux patient is sleepy. The pulsatilla patient is sound asleep when it is time to get up, and wakes unrefreshed. The nux patient awakes at 3 or 4 A.M. feeling rested. Goes to sleep again, and awakes at the usual time feeling much worse.—*H. G. Glover, M.D., in Med. Advance*.

—CAN SUCH THINGS BE?—*The Allgemeine Medizinal Zeitung* is authority for the statement that in a German village (name not given) that the public crier went round and with the usual formalities announced that Dr. A. would visit patients and prescribe for 60 pfennings (14 cents). A half hour later he again made the rounds, announcing with "bell and horn" that Dr. B. would make visits and prescribe for 50 pfennings (12½ cents)!

—There is a cause for every morbid condition, and the man who discovers these causes, if he have the magnetism to draw around him ardent followers who, for the love of man, will disseminate his knowledge, will be a greater than Hippocrates, a greater than Galen, for although all concede that the calling which enables one to relieve suffering, and to cure curable diseases, is a noble one, they will concede that one which will enable man to prevent suffering and prevent incurable disease is far more noble.—*J. W. Dowling, M.D.*

—The omnipresent doctor had of course always been here [Helena, Mont.], and he continued to come in constantly increasing and unwarranted numbers. His business at first among the hearty miners, was surgery chiefly, and the results, direct and indirect, of bad whisky. Before long, however, another epoch in medical practice was reached when the enterprising handmaids of Pandora entered the new city; far-seeing physicians now procured a stock of old-fashioned mercury, potash and mineral astringents.—*Jno. L. Davis, M.D., in Lancet-Clinic*.

12. — HEADACHE AND SALT.—Dr. Rabow has found that an attack of migraine may often be averted by a teaspoonful of table salt taken upon the first appearance of the premonitory symptoms.

—LEAD IN HAIR RESTORERS.—S. T. : A large majorities of hair restorers contain lead and should never be used. The lead may be detected by adding a solution of iodide of potash to the "restorer," when a yellow fluid, iodide of lead, will be formed.

—Another Pennsylvania drug clerk has put morphine on a quinine prescription, and the patient has joined the choir celestial. His ague was cured. Why not avoid these accidents by having exclusive poison stores, licensed like a beer saloon?—*San Francisco Alta*.

—For cleaning off smegma and greasy applications used in treating balanitis and similar conditions, there is nothing equal to benzine. The application is painless, and it cleans the surface without rubbing. It also seems to have a curative effect upon ulcerations.

—It has been discovered in Strasburg, in the laboratory, that microbes of the most violent diseases will not live in healthy human blood. Human blood serum within half an hour after extraction from the vessels kills every one of the germs of disease.—*Prof. T. F. Allen*.

—A Parisian physician confines himself to telephone practice. He furnishes his patients with prescription blanks, and when called by any one of them in case of emergency he telephones back his directions, which are written out, read to the doctor and sent to the druggist.

—The man was in convulsions, evidently from poisoning. I elevated him from his bed out upon the floor, and instead of massage I administered *slappage*, thinking he must be reacted in some manner, and that as quickly as possible.—*D. V. Vansyckel, M.D., in So. Jour. of Hom.*

—Hæmoptysis may be diagnosed thus :

<i>From the Lungs.</i>	<i>From the Stomach.</i>
Dyspnoea.	Nausea.
Blood coughed up.	Blood vomited.
Blood florid, sometimes frothy.	Blood dark, not frothy.
Blood mixed with sputa.	Blood mixed with food.— <i>Fornias</i> .

—Dr. Nakano, of Japan, describes a peculiar affection frequently met with among the natives of Japan, the characteristic symptom of which is "head drop." The head drops forward and cannot be held erect. There may also be paresis or paralysis of other muscles and slight anaesthesia of the neck. Nakano connects the trouble with malarial poisoning.—*Polyclinic*.

—THE RESULT OF A HIGHER EDUCATION.—Seeking to ingratiate himself into the good graces of an old German farmer, a young doctor remarked that he had the advantage of both the Homœopathic and the Old School, having graduated in both. After listening attentively to the young medico for a few moments the old German remarked : "Oh, dot was noding. I had vonce a calf vot sucked two cows, and he made noding but a common schteer after all."—*Am. Med. Jour.*

—The Mizpah Valve Nipples and Fittings for nursery bottles are so constructed as to prevent a vacuum being formed as the bottle is emptied, consequently there is no hard drawing to cause the child to swallow air; no wind in the stomach and of course no colic in the baby. Walter F. Ware, 70 North 3d, Phila.

—“PAIN OBTUNDER AFTER EXTRACTION OF TEETH.—L. P. Bethel, D.D.S. in *Ohio Journal of Dental Science*, says: Take sulphuric, one ounce; oil of cloves, three drops, and carbolic acid, one drop. Apply to the cavity on cotton and let it remain a few minutes before removing.” So says the intelligent compositor in the *Clinical Reporter*. We fear that “sulphuric, one ounce,” will not cure many pains obtunder.

—*St. Nicholas* for November has “A Composite Cat,” a gentle sarcasm on the Composite Photo. Craze of a little while since. “The Duty of Young Americans,” by Edmond Alton, is good reading. “The Mikado and the Shogun” (how many little folks will read that “Shotgun?”) from the pen of Ida C. Hodnett, needs no bush to speak its value. “The Carving over the Sally-port,” is a charming bit of military romance.

—Hirsh, Frank & Co., 31 N. 3d, Phila., are furnishing an operating jacket, which, for neatness of appearance and fit surpasses anything heretofore used for this purpose. The jacket is of white drilling, washable, cool and protects the operator. Is no less a handsome, tidy office coat. The red cross if adopted by the physicians as a body will look well on the left sleeve. The price is moderate and ought to bring it into every physician's office.

—When persons must use such ice as they can get, and not such as they would like, two rules should be observed: First, never bring ice in direct contact with meat, vegetables, and such things, but use it to reduce the temperature of the space in which they are placed. Second, never put ice in drinking water, but the reverse; put the water in bottles or jars, and surround it with ice. It is easy to construct a cooler on this principle which will be as convenient as the kind now in use.—*H. E. Beebe, M.D.*

—We come to a physiological law, as fixed and as plain as any other law in nature—that the preservative power in the human organism, whatever we may call it or however explain it, prevents the destructiveness of heat by the abstraction or diversion of blood and heat to other parts. . . . And this brings us to another physiological law that seems to me quite plain—that the innate preservative power of the organism prevents the destructiveness of cold by an extra supply of blood and heat to the part assailed.—*J. P. Dake, M.D., in the Hahnemannian Monthly.*

—The gold plate cased “Davis” Improved Clinical Thermometer recently used by ourselves has given us perfect satisfaction under circumstances which we deem the most trying for so delicate an instrument. We found it as promised an Indestructible Register, Plain Reading Index, correct and well seasoned. Dr. W. H. Davis (Keokuk, Iowa) deals also in surgical instruments, among which he has an Ointment Atomizer, a novelty in itself, and yet a practical device: it may be used for warming and spraying pure vaseline and ointments.

—Dr. William H. Hammond, the world-famed specialist in mind diseases, says : " I am familiar with various systems for improving the memory, including, among others, those of Feinaigle, Gouraud and Dr. Pick, and I have recently become acquainted with the system in all its details and applications taught by Prof. Loissette. I am therefore enabled to state that his is, in all its essential features, entirely original ; that its principles and methods are different from all others, and that it presents no material analogies to that of any other system.

" I consider Prof. Loissette's system to be a new departure in the education of the memory and attention, and of very great value ; that it being a systematic body of principles and methods, it should be studied as an entirety to be understood and appreciated : that a correct view of it can not be obtained by examining isolated passages of it."

OH-DON'T-LOGY.

Don't rest your case on the diagnosis of any other physician.

Don't laugh at a thing or theory, because you don't understand it.

Don't say " proving " when you mean a *prüfung*—experiment or test.

Don't be deceived. Not all the professors practice what they teach.

Don't encourage the custom of giving each of your patients a Christmas present.

Don't forget that a daily cold sponge bath on rising in the morning will secure immunity against cold, rheumatism, etc.

Don't trust in sick-bed promises to pay ; they are parts of the disease.

Don't try to disprove the dynamization theory by means of an algebraic formula.

Don't let the holiday season dull your business sense. This is the time to collect your bills.

Don't permit any aspersions on the American Institute of Homœopathy. Come to its succor.

Don't believe everything you hear concerning your rivals. Some people are never so happy as when inciting strife.

Don't part your hair or name in the middle ; neither that, nor the wearing of glasses, will add to your mental stature.

Don't speak illy of Hahnemann. If you do not regard him as a master worthy of your adoration, at least respect his discovery.

Don't refuse to read a book because its author uses high potencies. You needn't use them ; and the book may teach some matters of value.

Don't you know that a man who has practiced allopathy for thirty years, is no wiser on homœopathy than a regular-year old regular practitioner ?

Don't be unfair, Messrs. *the Hom. Physician*, in your criticism of the Institute meeting. One of the principal " quack drugs " presented was by an I. H. A. man.

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